

## **Table of Contents**

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

**State Plan Amendment (SPA) #:**        **NY-13-00540MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter (delete if not applicable)
- 3) CMS 179 Form/Summary Form
- 4) Superseding Pages Notice
- 5) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

March 13, 2014

Jason A. Helgeson, 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. Helgeson:

Enclosed is an approved copy of New York's state plan amendment (SPA) 13-0054-MM2, which was submitted to CMS on December 13, 2013. SPA 13-0054-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into New York's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA 13-0054-MM2 includes full approval of your state's alternative single streamlined paper application. The state is using an interim alternative single streamlined online application and by December 31, 2014 will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of New York's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – New York State Application for Health Insurance
- Attachment 2 – Statement of use with respect to the alternative single, streamlined online application

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Patricia Ryan at (212) 616-2436.

Sincerely,

/s/

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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March 13, 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:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) NY13-0054-MM2, which was submitted to CMS on December 13, 2013. Our review of this submission included a review of the online alternative single streamlined application developed by the state.

Until December 31, 2014, the state is using an interim alternative single streamlined online application. This interim application needs to be revised to reflect the following changes.

<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
The state will add a question about whether someone uses services from Indian Health Services.	September 30, 2014
The state will add logic to the online application so that applicants are asked questions about other health insurance appropriate to the insurance affordability program for which the applicant appears eligible.	September 30, 2014
The state will remove detailed questions about absent parents, such as Social Security Number, address, and employer.	December 31, 2014

Please submit the revised alternative single streamline online application to CMS for review no later than December 1, 2014 to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at (410) 786-8684. If you have any questions about this letter or require any further assistance, please contact Patricia Ryan at (212) 616-2436.

Sincerely,

/s/

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children 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.*

13-0054

**Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435 - Subpart J & Subpart M; 42 CFR 435.916

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2013	\$ 0.00
Second Year	2014	\$ 0.00

**Subject of Amendment**

Eligibility Process - requirements for processing applications, determining & verifying eligibility, and furnishing Medicaid. Includes Application processing (42 CFR 435 - Subpart J); Redetermination Processing (42 CFR 435.916) & Coordination of Eligibility & Enrollment (42 CFR 435 - Subpart M).

**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**

**Submitted By:** Karla Knuth  
**Last Revision Date:** Mar 11, 2014  
**Submit Date:** Dec 13, 2013

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

SPA 13-54 MM2

**STATE:**

New York

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S94 - Eligibility Process

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

Section 2, Page 10, section 2.1(a), TN # 91-76,  
effective date: 10/1/1991, approved: 3/3/1992

Section 2, Page 11a, section 2.1(d), TN # 91-76,  
effective date: 10/1/1991, approved: 3/3/1992



# Medicaid Eligibility

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

<b>General Eligibility Requirements Eligibility Process</b>	<b>S94</b>
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42 CFR 435, Subpart J and Subpart M

## Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

**An attachment is submitted.**

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

**An attachment is submitted.**

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

**An attachment is submitted.**

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

**An attachment is submitted.**

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes    No



# Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
<b>+</b>	FAX		<b>X</b>

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
  - Once every 6 months
  - Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### 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.