DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza
Room 37-100
New York, New York 10278-0063

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

June 26, 2012

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:

We have completed our review of New York State Plan Amendment submittal 09-38 , "Medically Needy Income and Resource Levels – Optional State Supplemental Payments" (Supplement 1 to Attachment 2.6-A pages 8 and 9 and Supplement 6 to Attachment 2.6-A) and find it acceptable for incorporation into New York's Medicaid Plan, effective January 1, 2009. Enclosed please find copies of State Plan Amendment 09-38 and Form CMS-179.

Please note that we have substituted the originally submitted pages with the revised pages that New York State transmitted to our office via e-mail on March 28, 2012.

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

[redacted]

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

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: **09-38**	2. STATE **New York**
	3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE **January 1, 2009**	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: **Section 1902(a) of the Social Security Act**	7. FEDERAL BUDGET IMPACT: **a. FFY 01/01/09-09/30/09 $210,718,034** **b. FFY 10/01/09-09/30/10 $287,508,279**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Supplement 1 to Attachment 2.6-A: Pages 8, 9** **Supplement 6 to Attachment 2.6-A** ****SEE REMARKS BELOW**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Supplement 1 to Attachment 2.6-A: Pages 8, 9** **Supplement 6 to Attachment 2.6-A**

10. SUBJECT OF AMENDMENT:
Medically Needy Income & Resource Levels – Optional State Supplemental Payments (FMAP=58.78% (1/1/09-3/31/09); 60.19% (4/1/09-6/30/09); 61.59% (7/1/09-9/30/10))

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

[redacted] Y OFFICIAL:	16. RETURN TO: **New York State Department of Health** **Corning Tower** **Empire State Plaza** **Albany, New York 12237**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director & Deputy Commissioner Department of Health**	
15. DATE SUBMITTED: March 21, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: **June 26, 2012**
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: **January 1, 2009**	[redacted]
21. TYPED NAME: **Michael Melendez**	**Associate Regional Administrator** **Division of Medicaid and State Operations**

23. REMARKS:

** By means of this SPA, New York proposes to annually revise its income standards for its Medically Needy eligibility group and for individuals receiving Optional State Supplement Payment to reflect cost of living increases. Optional State Supplementary Payment Recipients are an optional categorically needy Medicaid eligibility group that NY covers under its state plan. This SSI related eligibility group receives state-only income supplemental payments. NY 09-38 increases the income standards for these groups to reflect increases to the cost of living in the state during calendar year 2009.

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

Income Levels (Continued)

D. Medically Needy

__X__ Applicable to all groups.

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

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ____ months. ____ Urban Only ____ Urban & Rural	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ____ months.	Amount by which column (4) exceeds limits specified 42 CFR 435.1007
1	[$ 8,700] $ 9,200	$	$	$
2	[$12,800] $ 13,400	$	$	$
3	[$14,800] $15,410	$	$	$
4	[$16,700] $ 17,420	$	$	$

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

Income Levels (Continued)

D. Medically Needy

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months. _____Urban Only _____Urban & Rural	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
5	[$18,600] $ 19,430	$	$	$.
6	[$20,500] $ 21,440	$	$	$.
7	[$22,400] $ 23,450	$	$	$.
8	[$24,400] $ 25,460	$	$	$.
9	[$26,300] $ 27,470	$	$	$.
10	[$28,200] $ 29,480	$	$	$.
For each additional Person add	[$1,900] $ 2,010	$	$	$.

JUN 26 2012

TN#: 09-38 **Approval Date:** _____

Supersedes TN#: 08-45 **Effective Date:** JAN 01 2009

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Supplement 6 to Attachment 2.6 A

State: New York

Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level Gross		Income Level Net		Income Disregard Employed
Reasonable Classification	Federal	State	1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
Living Alone	X		300% of SSI FBR	300% of SSI FBR	[724] 761	[1,060] 1,115	As per CFR 416. Part K
Living w/ others	X		300%	300%	[660] 697	[1002] 1,057	300%
Level I Family Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	[903.48] 940.48	[1,806.96] 1,880.96	
Rest of State	X				[865.48] 902.48	[1,730.96] 1,804.96	
Level II Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	[1,072] 1,109	[2,144] 2,218	
Rest of State	X				[1,042] 1,079	[2,084] 2,158	
Level III Enhanced Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	[1,293] 1,368	[2,586] 2,736	

TN#: 09-38 **Approval Date:** JUN 26 2012

Supersedes TN#: 08-07 **Effective Date:** JAN 01 2009