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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **10-02**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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



June 20, 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:

We have completed our review of New York State Plan Amendment submittal 10-02 "Eliminate the Resource Test of ADC-Related and LIF Applicants/Recipients" (Supplement 2 to Attachment 2.6-A, Page 7; Supplement 8b to Attachment 2.6-A, Page 6; and Supplement 12 to Attachment 2.6-A, Page 5) and find it acceptable for incorporation into New York's Medicaid Plan, effective January 1, 2010. Enclosed please find copies of State Plan Amendment 10-02 and Form CMS-179.

Please note that as agreed, we have substituted the originally submitted state plan pages and CMS-179 with those forwarded in your June 16, 2014 response to our June 23, 2010 Request for Additional Information and New York's June 18, 2014 e-mail.

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

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-02	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, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1902(r)(2)		7. FEDERAL BUDGET IMPACT: a. 01/01/10-09/30/10 \$3,264,969 b. 10/01/10-09/30/11 \$3,992,785	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 2.6-A: Page 7 Supplement 8b to Attachment 2.6-A: Page 6 Supplement 12 to Attachment 2.6-A: Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 2 to Attachment 2.6-A: Page 7 Supplement 8b to Attachment 2.6-A: Page 6 Supplement 12 to Attachment 2.6-A: Page 5	
10. SUBJECT OF AMENDMENT: Eliminate the Resource Test for AFDC-Related and Low Income Family Applicants/Recipients (FMAP = 61.59% (1/1/10-12/31/10); 58.77% (1/1/11-3/31/11); 56.88% (4/1/11-6/30/11); 50% (7/1/11 forward))			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 16, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: June 20, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 01, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			

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Supplement 2 to Attachment 2.6-A

New York

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

Resource Levels (Continued)

B. Medically Needy
[Applicable to all groups-

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

The annual Medically Needy resource standard is equal to 150% of the annual Medically
Needy income standard, by family size.

TN#: 10-02

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Supersedes TN#: 08-45

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

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

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

1. In determining eligibility for children under age 21 who are in the care and custody of the local social services district commissioner or in the care and custody of the Commissioner of the Office of Children and Family Services, as authorized by Sections 1902(a)(10)(A)(ii)(I) and 1905(a)(i) of the Act and by 42 CFR 435.222(b)(1) and as described in Attachment 2.2-A, page 13, paragraph B.(b)(1)(d), disregard all resources.
2. [In determining the Medicaid eligibility of persons under Section 1902 (a)(10)(C) of the Social Security Act, disregard resources that fall between:
 - one half of the annual maximum income amount that can be paid under Section 1903(f) of the Act (one hundred thirty-three and one-third percent of the highest monthly amount that would ordinarily have been paid to a household of the same size under the aid to families with dependent children program, rounded to the next \$100, multiplied by 12); and
 - one half of the annual maximum income amount that can be paid to AFDC-related groups other than pregnant women and infants described in Supplement 1 to Attachment 2.6-(A), page 1, paragraph A,1, (one hundred thirty-three and one-third percent of the highest monthly amount multiplied by 12, rounded to the next \$100).] In determining eligibility under 1902(a)(10)(C) of the Social Security Act for AFDC-Related Medically Needy persons, the resource amounts are to be disregarded.

TN # 10-02

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- ☐ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
- ☒ The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
1. Individual development accounts*
 2. Household gross income is first compared to 185% of the 1931 income level for the appropriate household size. If gross income is equal to or below this level and the combined earned and unearned gross income does not exceed 100% of the federal poverty level (FPL) for a household of the appropriate size, a percentage (as defined below) of earned income is disregarded. This percentage disregard is calculated as follows: from 100% FPL amount for a household of three, subtract \$90 work disregard and the 1931 income level for a household of three. The amount remaining is divided by the difference between 100% FPL for a household of three and \$90. This result, rounded up, is the percent of earned income to be disregarded. This percentage is adjusted June 1st yearly, based on the Federal Poverty Level amounts published for that year in the Federal Register. However, if it is more advantageous, \$30 and 1/3 of the remaining income is disregarded if the employed person was on PA one of the four proceeding months instead of disregarding income based on the percentage above. At the conclusion of the four months, only the \$30 portion of the \$30 and 1/3 disregard is applied for an additional eight months.
 3. One automobile, of any value, is exempt as long as it is being used by the household. A second vehicle may be exempt if there is a medical need for it, or it is being used for employment-related activities. A third vehicle is also exempt if there is a child under 21 years of age in the household and the vehicle is being used due to a medical need, school attendance, or employment.
 - 4] 3. All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.
 5. When determining countable resources, available resources up to an amount equal to 150% of the Medically Needy annual income level are disregarded.]
 4. All resources are to be disregarded.

*Individual development accounts (IDA) are excluded from resources; interest earned on IDA accounts is excluded from income.

TN#: 10-02

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