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: **#11-44**

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: **October 1, 2011**

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:
1902(a)(10)(A)(ii)(XV) & 1902(a)(10)(A)(ii)(XVI) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 10/01/11-09/30/12 $1.5 million
b. FFY 10/01/12-09/30/13 $1.5 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.6-A: Pages 12d, 12g, 12h, 12k
Attachment 2.6A, Supplement 8b: Page 7

**** SEE REMARKS**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 2.6-A: Pages 12d, 12g, 12h, 12k

10. SUBJECT OF AMENDMENT:
Disregard Retirement Assets Such as 401(k) Plans and Increase Resource Standards for Medicaid Buy-In program for Working People with Disabilities (MBI-WPD)
(FMAP = 50%)

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

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

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

15. DATE SUBMITTED: September 19, 2011

16. RETURN TO:
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **December 7, 2011**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **October 1, 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Michael Melendez**

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

23. REMARKS:

By means of this SPA New York State implements an increase in the resource standards and the disregard of retirement accounts in determining eligibility for the Medicaid Buy-in program for Working People with Disabilities (MBI-WPD).