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: **11-79**	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 (r)(2) of the Social Security Act** **42 CFR 435.840 and 42 CFR 435.841**	7. FEDERAL BUDGET IMPACT: **a. FFY 10/01/10 - 9/30/11 $ 0** **b. FFY 10/01/11 - 9/30/12 $ 0**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Supplement 8b to Attachment 2.6-A: Page 3** **** SEE REMARKS**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Supplement 8b to Attachment 2.6-A: Page 3**

10. SUBJECT OF AMENDMENT:
Addition of 2/4/50 Partnership total asset protection plan and that the New York State Partnership Program enter into reciprocity agreement with (currently) 40 other states.
(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:	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: December 1, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: **February 17, 2012**
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: **October 01, 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 proposes to expand the number of Partnership for Long-Term care total asset protection plans from two to three. Under the new proposed plan, known as a 2/4/50 total asset plan, participating consumers must meet the durational requirement by utilizing two years of nursing home benefits or four years of home care benefits or some combination of the two under the policy in order to received Medicaid Extended Coverage. This plan would offer policyholders a lower premium option, making policies more affordable while still protecting the Medicaid program. This SPA also proposes that the NYS Partnership Program enter into the Federal reciprocity agreement with the 40 other states that currently participate.