

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: #12-17	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 April 1, 2012	
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: Section 1902(a)(18) of the Social Security Act and 42 CFR 433.36		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/12-09/30/12 \$0 b. FFY 10/01/12-09/30/13 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.17-A: Page 1 **SEE REMARKS BELOW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.17-A: Page 1	
10. SUBJECT OF AMENDMENT: Eliminate the expanded definition of "estate" and define the term "estate" to include all real and personal property and other assets within an individual's estate and passing under the terms of a valid will or by intestacy. (FMAP = 50%)			
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. STATE AGENCY OFFICIAL:	16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237		
13. Jason A. Helgerson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: JUN 28 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED: September 20, 2012		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 01, 2012	20. SIGNATURE OF REGIONAL ADMINISTRATOR: [Redacted Signature]		
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 eliminate the expanded definition of "estate" and define the term "estate" to include all real and personal property and other assets included within an individual's estate and passing under the terms of a valid will or by intestacy.			