

Table of Contents

State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **13-0057-MM5**

This file contains the following documents in the order listed:

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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

June 17, 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:

Enclosed is an approved copy of New York's state plan amendment (SPA) 13-0057-MM5, which was submitted to CMS on March 31, 2014. In SPA 13-0057-MM5 the State affirms residency regulations and addresses interstate agreements and temporary absence in accordance with the Affordable Care Act. This SPA was approved on June 17, 2014. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages to be incorporated within a separate section at the back of New York's approved state plan:

- S88, Pages S88-1, S88-2 and S88-3

In addition, enclosed is the Superseding Page Document which is not to be included in the State Plan, but serves as supporting documentation.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Patricia Ryan at 212-616-2436 or Patricia.Ryan@cms.hhs.gov.

Sincerely,

/s/

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

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New York**Transmittal Number:***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

13-0057

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.403

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2013	\$ 0.00
Second Year	2014	\$ 0.00

Subject of Amendment

State residency - New York provides Medicaid to otherwise eligible residents of the State, including those who are absent from the State under certain conditions.

Governor's Office Review☒ **Governor's office reported no comment**☐ **Comments of Governor's office received**

Describe:

☐ **No reply received within 45 days of submittal**☐ **Other, as specified**

Describe:

Signature of State Agency Official**Submitted By:**

Karla Knuth

Last Revision Date:

May 14, 2014

Submit Date:

Mar 31, 2014



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency

S88

42 CFR 435.403

State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:

- ☐ Intends to reside in the state, including without a fixed address, or
- ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.

- ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.

- ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:

- ☐ Residing in the state, with or without a fixed address, or
- ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.

- ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:

- ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
- ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or

- ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.

- ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ☐ IV-E eligible children living in the state, or



Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☐ Yes ☒ No

The state has a policy related to individuals in the state only to attend school.

☐ Yes ☒ No

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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New York
13

**NOTE: The deleted information on this page has been replaced by
PDFs S88 effective January 1, 2014.**

[State: New York]

[Citation(s)]

[Groups Covered]

[435.10 and
435.403, and 1902(b) of the
Act, P.L. 99-272
(Section 9529)
And P.L. 99-509
(Section 9405)]

[2.3 Residence

Medicaid is furnished to eligible individuals who are residents
of the State under 42 CFR 435.403, regardless of whether or
not the individuals maintain the residence permanently or
maintain it at a fixed address.]

TN#: 13-57

Approval Date: JUN 17 2014

Supersedes TN#: 87-35A

Effective Date: JAN 01 2014

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New York

3

**NOTE: The deleted information on this page has been replaced by
PDF Form S88 effective January 1, 2014.**

[State: New York]

[Citation]	Condition or Requirement]
[42 CFR 435.403 1902(b) of the Act]	<p data-bbox="581 653 1401 751">[4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.</p> <p data-bbox="581 789 1401 852"><input checked="" type="checkbox"/> State has interstate residency agreement with the following States:</p> <p data-bbox="672 890 766 917">Georgia</p> <p data-bbox="581 1058 1040 1085"><input type="checkbox"/> State has open agreement(s).</p> <p data-bbox="581 1123 1198 1150"><input type="checkbox"/> Not applicable; no residency requirement.]</p>

TN #13-57

Supersedes TN #13-58

Approval Date JUN 17 2014

Effective Date JAN 01 2014