DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

April 29, 2013

Jason Helgerson
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Towers (OCP-1211)
Albany, New York 12237

Dear Mr. Helgerson:

We have completed our review of New York's State Plan amendment (SPA) 13-06 received on March 25, 2013 and find it acceptable for incorporation into New York's Medicaid State Plan.

This SPA proposes to increase the Medically Needy Income level effective January 1, 2013.

Please note the approval date of this SPA is April 29, 2013 with an effective date of January 1, 2013. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

[redacted]

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

Enclosures

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: **13-06**	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, 2013**	

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: **Section 1902(a)(10)(C)(i)(III) of the Social Security Act** **Section 1905(w) of the Social Security Act**	7. FEDERAL BUDGET IMPACT: **a. FFY 01/01/13-09/30/13 $ 2.65 Million** **b. FFY 10/01/13-09/30/14 $ 3.53 Million**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Supp 1 to Att 2.6-A: Pages 8, 9** ****SEE REMARKS BELOW**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Supp 1 to Att 2.6-A: Pages 8, 9**

10. SUBJECT OF AMENDMENT:
Medically Needy Income Levels
(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: [redacted]	16. RETURN TO: **New York State Department of Health** **Bureau of HCRA Operations & Financial Analysis** **99 Washington Ave – One Commerce Plaza** **Suite 810** **Albany, NY 12210**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: March 25, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: **April 29, 2013**
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: **January 01, 2013**	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: **Michael Melendez**	22. TITLE: **Associate Regional Administrator** **Division of Medicaid and State Operations**

23. REMARKS:

*****This SPA proposes to increase the Medically Needy Income level effective 1/1/2013.***

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

Income Levels (Continued)

D. Medically Needy

__X__ Applicable to all groups.

____ Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ____ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ____ months.	Amount by which column (4) exceeds limits specified 42 CFR 435.1007
____ Urban Only ____ Urban & Rural				
1	[$ 9,500] $ 9,600	$	$	$
2	[$13,900] $14,100	$	$	$
3	[$15,985] $16,215	$	$	$
4	[$18,070] $18,330	$	$	$

TN#: 13-06 **Approval Date:** APR 2 9 2013

Supersedes TN#: 12-06 **Effective Date:** JAN 0 1 2013

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New York
9

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

Income Levels (Continued)

D. Medically Needy

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months. _____Urban Only _____Urban & Rural	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
5	[$20,155] $20,445	$	$	$.
6	[$22,240] $22,560	$	$	$.
7	[$24,325] $24,675	$	$	$.
8	[$26,410] $26,790	$	$	$.
9	[$28,495] $28,905	$	$	$.
10	[$30,580] $31,020	$	$	$.
For each additional Person add	[$2,085] $2,115	$	$	$.

TN#: 13-06 **Approval Date:** APR 2 9 2013

Supersedes TN#: 12-06 **Effective Date:** JAN 0 1 2013