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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **13-14**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

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

July 02, 2014

Jason Helgeson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Albany, New York 12237

RE: New York 13-14

Dear Mr. Helgeson:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), TN 13-14, which was submitted to the Centers for Medicare & Medicaid Services New York Regional Office on December 24, 2013. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 13-14 is approved with an effective date of January 1, 2014. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any additional questions or need further assistance, please contact Erica Kisiday at (212) 616-2483.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-14	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 01/01/14	
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: 42 CFR 435.119		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/14-09/30/14 \$ 0 b. FFY 10/01/14-09/30/15 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 18 to Attachment 2.6-A: Pages 1, 2, 3, 4, 5, 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Methodology for Identification of Applicable FMAP Rates			
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. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: May 29, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JULY 02, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & STATE OPERATIONS	
23. REMARKS:			

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State Plan under Title XIX of the Social Security Act**METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES**

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the State will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on January 28, 2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard For each population group, indicate the lower of: • The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or • 133% FPL. If a population group was not covered as of 12/1/09, enter "Not covered".	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
A	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A Column C, Line 1 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A Column C, Line 2 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Disabled Persons, institutionalized	Attachment A Column C, Line 3 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Children Age 19 or 20 (Living with Parents)	Attachment A Column C, Line 4 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Children Age 19 or 20 (Living Alone)	Attachment A Column C, Line 4 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Childless Adults	Attachment A Column C, Line 5 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No

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Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. ☐ New York applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- ☒ New York does **NOT** apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which New York applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

New York:

- ☐ Applies existing state data from periods before January 1, 2014.
- ☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

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B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. ☐ An enrollment cap adjustment is applied (complete items 2 through 4).
☒ An enrollment cap adjustment is not applied (skip items 2 through 4 and go to Section C).
2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that New York covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. New York applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
☐ Yes. The combined enrollment cap adjustment is described in Attachment C.
☒ No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. ☐ New York applies special circumstances adjustment(s).
☒ New York does **not** apply a special circumstances adjustment.
2. ☐ New York applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
☒ New York does **not** apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

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Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- ☒ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.

☐ New York does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

New York:

- ☐ Does **NOT** meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 4).
- ☒ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated June 18, 2013.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

New York:

- ☒ Does **NOT** qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- ☐ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____ (insert date). New York will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

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Supplement 18 to Attachment 2.6-A

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Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- ☒ Attachment A – Conversion Plan Standards Referenced in Table 1 (for medically needy levels, refer to the note on Table 1)
- ☐ Attachment B – Resource Criteria Proxy Methodology
- ☐ Attachment C – Enrollment Cap Methodology
- ☐ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- ☒ Attachment E – Transition Methodologies

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Attachment A

Most Recent Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan

NEW YORK

1/3/2014

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives FPL %	150%	150%	yes	Part 1 of approved state MAGI conversion plan	SIPP
2	Noninstitutionalized Disabled Persons Dollar standards by family size 1 2	\$767 \$1,117	\$790 \$1,150	n/a	New SIPP conversion	SIPP
3	Institutionalized Disabled Persons Dollar standards by family size 1 2	\$767 \$1,117	\$790 \$1,150	n/a	New SIPP conversion	SIPP
4	Children Age 19-20 Living alone Living with parents	100% 150%	100% 150%	yes	Part 1 of approved state MAGI conversion plan	SIPP
5	Childless Adults FPL %	100%	100%	yes	Part 1 of approved state MAGI conversion plan	SIPP

The numbers in this summary chart will be updated automatically in the case of modifications in the CMS approved MAGI Conversion Plan

n/a: Not applicable.

The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan

Attachment D
Special Circumstances Adjustment and Other Adjustments to the Adult
Group FMAP Methodology

Individuals in the new adult population, determined eligible under the Modified Adjusted Gross Income (MAGI) methodology, will receive continued benefits during any period within a twelve month eligibility period when these individuals would have been found ineligible if subject to redetermination. To reflect that only the regular matching rate is available for these demonstration expenditures, pursuant to the State's Special Terms and Conditions of the 1115 Waiver, the State will make a downward adjustment of 2.6 percent in claimed expenditures for federal matching at the enhanced federal matching rate, and will instead claim those expenditures at the regular matching rate.

Nirav R. Shah, M.D., M.P.H.
Commissioner

NEW YORK
state department of
HEALTH

Sue Kelly
Executive Deputy Commissioner

December 4, 2013

Elliot Fishman, Director
Children and Adult Health Program Group
Centers for Medicare and Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, Maryland 23244-1850

Re: Request for authority under section 1902(e)(14)(A) to waive certain requirements

Dear Mr. Fishman:

In response to CMS' guidance regarding targeted enrollment strategies that are available to states to help support a streamlined enrollment process in implementing the Affordable Care Act (ACA), and to establish income and eligibility determination systems that protect beneficiaries, New York requests a waiver under section 1902(e)(14)(A) of the Social Security Act in three areas: 1) compliance with grandfathering protections, 2) delayed application of full MAGI-based methods to current beneficiaries and 3) transition of 1115 demonstration beneficiaries into the adult group.

Waiver of Compliance with Grandfathering Protections

New York seeks to waive full compliance with the grandfathering protections afforded under section 435.603 (a)(3) of the regulations. With respect to Medicaid individuals eligible as of December 31, 2013 who are renewed based on 2013 standards and methodologies prior to April 1, 2014, the State is requesting waiver authority to not apply an income test using MAGI-based methodologies until the next renewal in 2015. If on or after April 1, 2014, there is a reported change in income or a family member is added to or removed from a case, methodologies and standards that approximate the MAGI-based rules (MAGI-like) would apply to the re-determination of eligibility. This will enable the State to operate only one set of rules on the legacy system for months leading up to February 2014 (months when renewals are completed for new authorization periods starting January, February and March 2014). This will ensure continuity of care and protect beneficiaries.

The State seeks the same waiver authority for the Children's Health Insurance Program.