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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **15-0006**

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

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

June 10, 2015

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) 15-0006 received in office on March 18, 2015 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to revise the 2015 Medically Needy Income level.

Please note the approval date of this SPA is June 10, 2015 with an effective date of January 1, 2015. 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: **15-0006**

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, 2015

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(a)(10)(C)(i)(III) of the Social Security Act
§1905(w) of the Social Security Act

7. FEDERAL BUDGET IMPACT: **(in thousands)**
a. FFY 01/01/15-09/30/15 $ 0
b. FFY 10/01/15-09/30/16 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supp 1 to Att 2.6-A: Pages 8, 9

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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:
2015 Revisions to 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]

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director**
Department of Health

15. DATE SUBMITTED:
MAR 1 8 2015

16. RETURN TO:
New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Ave – One Commerce Plaza
Suite 1460
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
JUNE 10, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JANUARY 01, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
MICHAEL MELENDEZ

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM HCFA-179 (07-92)

New York
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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. ____ 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 42 CFR 435.1007
1	$ [9,700] 9,900	$	$	$
2	$[14,300] 14,500	$	$	$
3	$[16,445] 16,675	$	$	$
4	$[18,590] 18,850	$	$	$

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

Income Levels (Continued)

D. Medically Needy

(1) Family Size	(2) Net income level protected for maintenance for ____ months. ____Urban Only ____Urban & Rural	(3) Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	(4) Net income for persons living in rural areas for ____ months.	(5) Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
5	$[20,735] 21,025	$	$	$
6	$[22,880] 23,200	$	$	$
7	$[25,025] 25,375	$	$	$
8	$[27,170] 27,550	$	$	$
9	$[29,315] 29,725	$	$	$
10	$[31,460] 31,900	$	$	$
For each additional Person add	$[2,145] 2,175	$	$	$