

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 16-0014**

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179 Form/Summary Form
3. Approved SPA Page

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 OPERATION

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May 19, 2016

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

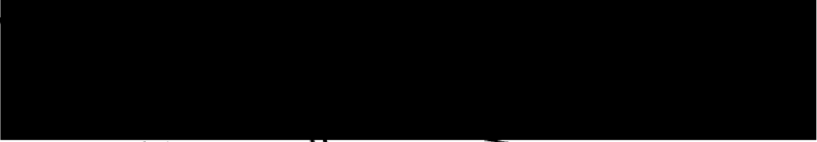
Dear Mr. Helgeson:

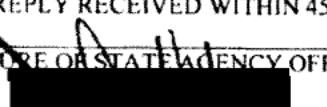
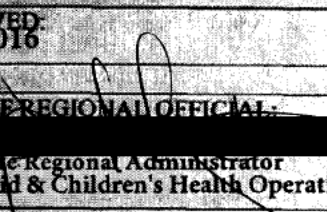
This is to notify you that New York's State Plan Amendment (SPA) #16-0014, "Asset Verification System Amendment," has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2016. This SPA proposes to provide information on the contractor hired to develop and implement the State's asset verification system.

This SPA approval consists of the following page for inclusion in the State Plan: Attachment 2.6-A Supplement 16 – Page 3. This Page replace the existing Page currently in the State Plan.

If you have any questions or wish to discuss this SPA further, please contact Michael Cutler of this office. Mr. Cutler may be reached at (212) 616-2421.

Sincerely,

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0014	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 January 1, 2016	
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 1940 of the Social Security Act		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/16-09/30/16 \$ 0 b. FFY 10/01/16-09/30/17 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att 2.1-A Supplement 16 - Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 2.1-A Supplement 16 - Page 3	
10. SUBJECT OF AMENDMENT: Asset Verification System Amendment (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. SIGNATURE OF STATE AGENCY OFFICIAL: 		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	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 31 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: May 09, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 01, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

[State:] New York [State]

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ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

[New York State's Financial Institution Recipient Match (FIRM) is a State developed financial institution computer match that provides Local Departments of Social Services (LDSS) with resource information for use in assessing Medicaid and Temporary Assistance eligibility of applicant/recipients (A/Rs). FIRM is part of the resource file integration (RFI) system. The RFI system compares A/Rs against individuals on the resource files of various State and Federal agencies and financial institutions in order to verify the information provided by A/Rs on the Medicaid application and renewal forms and to provide additional information to the Medicaid eligibility worker.

When an applicant/recipient is being reviewed for eligibility or having their eligibility redetermined, they are subject to the RFI process. As part of this process, FIRM is accomplished by electronically matching the demographic information of the A/Rs to the financial institution database maintained by the Office of Temporary and Disability Assistance (OTDA). The A/R is matched against all financial institutions on the database. If multiple matches are made, all information will be provided electronically to the eligibility worker at the LDSS office to review.

OTDA maintains a database of financial information from approximately 800 financial institutions. These financial institutions are comprised of New York State only financial institutions as well as national and international financial institutions. Financial institutions submit their account information through a secure file transmission to OTDA. Some institutions update their information weekly while some update the information quarterly. The information collected reflects current and closed accounts as well as demographic changes to the account since the last submission by the financial institution.]

New York State executed a contract with Public Consulting Group on August 15, 2014 for an automated asset and real property verification service. PCG and the Department defined portal requirements and began testing at the end of July 2015. The program will be phased in starting with three upstate counties in March 2016. The remaining upstate counties will begin in June 2016. The AVS portal will be used for both applications and renewals as part of the eligibility (re)determination.

Due to unique data requirements, NYC will begin using AVS in June 2016 for nursing home applications and conversion cases (community Medicaid cases that transition to nursing home coverage). NYC will expand to community applications and renewals in the last the quarter of 2016.

A nightly batch file of Medicaid applicants/recipients (aged, blind and disabled) is pulled from our eligibility system (Welfare Management System) and sent to PCG to access AVS information. A manual web service allows a Medicaid eligibility worker to access AVS information for a non-applying spouse. New forms were created to obtain authorization to use AVS from a non-applying spouse. Information from AVS is returned on a web-based, secure portal.

The Department has established rules to set flags for potential transfer of assets.

Numerous user roles were created in order for Medicaid eligibility workers to manage tasks related to AVS responses.

TN #16-0014

Approval Date May 09, 2016

Supersedes TN #09-0040

Effective Date January 01, 2016