

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 17-0048

This file contains the following documents in the order listed:

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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

July 11, 2017

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

Dear Mr. Helgersen:

This is to notify you that New York's State Plan Amendment (SPA) #17-0048, "Mandatory Coverage for Former Foster Care Children," has been approved for adoption into the State Medicaid Plan with an effective date of June 30, 2017. This SPA proposes to remove eligibility for individuals who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

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,

A handwritten signature in blue ink, appearing to read "Michael Melendez".

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

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.

NY-17-0048

Proposed Effective Date

06/30/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 433.150 Section 1902(a)(10)(A)(i)(IX)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

Subject of Amendment

Individuals under age 26 who are in foster care and Medicaid either when they turned 18 or when they aged out of foster care at a higher age in the state. Individuals may qualify under this group only if they do not qualify any of the other mandatory eligibility groups except for the Adult Group. It is important to note that under the statute, there is no income or resource test for eligibility under this group.

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: Regina Gallagher
Last Revision Date: May 18, 2017
Submit Date: May 18, 2017



Medicaid Eligibility

State Name: New York

OMB Control Number: 0938-1148

Transmittal Number: NY - 17 - 0048

Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

- ☒ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☒ The state attests that it operates this eligibility group under the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Are under age 26.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

☒ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☐ Yes ☒ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ Periods of presumptive eligibility are limited as follows:

☐ No more than one period within a calendar year.

☐ No more than one period within two calendar years.

☐ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ Other reasonable limitation:



Medicaid Eligibility

	Name of limitation	Description	
+			X

The state requires that a written application be signed by the applicant or representative.

☐ Yes ☐ No

☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

☒ The individual must meet the categorical requirements of 42 CFR 435.150.

☐ State residency

☐ Citizenship, status as a national, or satisfactory immigration status

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act



Medicaid Eligibility

☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+			X

☐ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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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