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State/Territory Name: New York

State Plan Amendment (SPA) #: 17-0066

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

March 8, 2018

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:

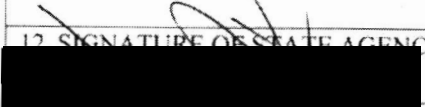
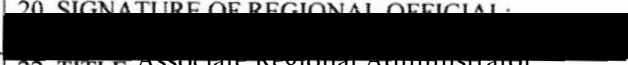
This is to notify you that New York's State Plan Amendment (SPA) #17-0066, "Express Lane for Children on TA," has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2017. This SPA proposes to end Express Lane Eligibility. Further, due to approval of NY SPA 17-0014, Income Determination – Public Benefit Program to Support Medicaid Determination, which now covers the means tested public benefits program to support Medicaid eligibility determinations, Express Lane Eligibility (which is optional under both the Federal and State law) is no longer necessary.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0066	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 October 1, 2017	
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: Federal Social Security Act § 1902(e)(13) and Social Services Law §366-a(11)		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 10/01/17-09/30/18 \$ 0 b. FFY 10/01/18-09/30/19 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 1.1: Pages 11b, 11c, 11d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 1.1: Pages 11b, 11c, 11d	
10. SUBJECT OF AMENDMENT: Express Lane for Children on TA (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 Division of Finance and Rate Setting 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: DEC 18 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 03/08/2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS:			

**New York
11b**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
SECTION 2 – COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing
Medicaid (Continued)**

1902(e)(13) of
the Act

☒ (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after 9/30/2017.

(1) The Express Lane option is applied to:

☐ Initial determinations ☐ Redeterminations
☒ Both

(2) A child is defined as younger than age:

☒ 19 ☐ 20 ☐ 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

[The New York State Department of Health (NYSDOH), Office of Health Insurance Program (OHIP), [Division of Coverage and Enrollment (DCE)] Division of Eligibility and Marketplace Integrations (DEMI) administers the Medicaid and Child Health Plus (CHPlus, New York's separate CHIP program) programs. At CHPlus redetermination, the Medicaid agency elects to rely on findings from the Child Health Plus program to determine initial eligibility for the Medicaid program.

When applying or renewing for Temporary Assistance the Medicaid agency elects to rely on findings from Temporary Assistance program to automatically enroll and renew eligible children in Medicaid.]

TN #17-0066

Approval Date 03/08/2018

Supersedes TN #15-0003

Effective Date 10/01/2017

New York
11c

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
SECTION 2 – COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing
Medicaid (Continued)**

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

[Child Health Plus annually renews eligibility for children enrolled in CHPlus. Under the screen and enroll process, the first step is to determine if the child is eligible for Medicaid. In order to streamline eligibility for children who screen Medicaid eligible, the Department of Health is implementing a process that will send the eligibility findings made at the renewal by CHPlus to the Local Departments of Social Services (LDSS).

The State will use an income finding from CHPlus and apply this income information to enroll a child in Medicaid if a child is found to be ineligible for CHPlus at renewal. Both Medicaid and Child Health Plus use MAGI (modified adjusted gross income) to determine eligibility. Medicaid will be accepting the income findings determined by CHPlus using MAGI methodology based on Medicaid income rules.

Medicaid and CHPlus both use the same residency rules. Neither Medicaid nor CHPlus require documentation of residency at renewal. Medicaid will accept the CHPlus agency's finding for residency.

Temporary Assistance requires the same verification of citizenship that Medicaid requires for eligibility. Income budgeting is slightly different, Temporary Assistance uses net income after allowing income disregards. Medicaid determines eligibility using MAGI (modified adjusted gross income) methodology. Since TA income guidelines are lower than the Medicaid levels, this slight discrepancy in budgeting income would not affect eligibility in a majority of the cases.]

TN #17-0066

Approval Date 03/08/2018

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New York
11d

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing
Medicaid (Continued)**

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under Title XXI.

☐ (a) Screening threshold established by the Medicaid agency as:

☐ (i) ___ percentage of the Federal Poverty Level (FPL) which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____; or

☐ (ii) ___ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency; or

☒ (b) Temporary enrollment pending screen and enroll.

☐ (c) State's regular screen and enroll process for CHIP.

[If Medicaid eligible based on the findings of the Express Lane Agency, the child is given two months of temporary CHPlus coverage, and the case information will be sent to LDSS to open a Medicaid case. In upstate counties, this process will be done manually and in NYC, this will be done electronically.

In both upstate counties and NYC, when a child is determined eligible for Temporary Assistance, the child will automatically be given Medicaid with no action required by the family.]

☒ (6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

☐ (7) The State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

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