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**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **21-0016**

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

# NY - Submission Package - NY2021MS0002O - (NY-21-0016) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2021MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>SPA ID</b>	NY-21-0016	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Approved
<b>Submitted By</b>	Jennifer Yungandreas	<b>Submission Date</b>	3/30/2021
<b>Package Disposition</b>		<b>Approval Date</b>	5/7/2021 1:52 PM EDT
<b>Priority Code</b>	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, MD 21244-1850



## Center for Medicaid & CHIP Services

May 07, 2021

Donna Frescatore  
Medicaid Director  
Department of Health & Human Services  
99 Washington Ave-One Commerce Plaza, Suite 1432  
Albany, NY 12210

Re: Approval of State Plan Amendment NY-21-0016

Dear Ms. Frescatore,

On March 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-21-0016. This SPA revises the Medically Needy Income Levels so the SSI standard is used for households of one and two. To arrive at uniform levels for households of three and higher, 15% is added to the SSI standard for each additional household member. Therefore, the standard for a household of three would be 115% of the SSI standard for a household of two; the standard for a household of four would be 130% of the SSI standard of for a household of two.

We approve New York SPA NY-21-0016 with an effective date of January 01, 2021.

If you have any questions regarding this amendment, please contact Michael Kahnowitz at michael.kahnowitz@cms.hhs.gov

Sincerely,  
James Scott  
Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

### Package Header

<b>Package ID</b>	NY2021MS00020	<b>SPA ID</b>	NY-21-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2021
<b>Approval Date</b>	5/7/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

### Package Header

**Package ID** NY2021MS00020  
**Submission Type** Official  
**Approval Date** 5/7/2021  
**Superseded SPA ID** N/A

**SPA ID** NY-21-0016  
**Initial Submission Date** 3/30/2021  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NY-21-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2021	NY-20-0009
Medically Needy Resource Level	1/1/2021	NY-20-0009

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002O | NY-21-0016

### Package Header

<b>Package ID</b>	NY2021MS0002O	<b>SPA ID</b>	NY-21-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2021
<b>Approval Date</b>	5/7/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2021. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard of for a household of 2, etc.

### Federal Budget Impact and Statute/Regulation Citation




#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$8108031
Second	2022	\$25405165

#### Federal Statute / Regulation Citation

1903(a)(10)(C)(ii)  
1902(r)(2)  
1905(w)

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Authorizing Provisions (21-0016) (1-13-21)</a>	2/17/2021 10:39 AM EST	
<a href="#">Fiscal Calculations (21-0016) (2-23-21)</a>	2/25/2021 10:45 AM EST	
<a href="#">Fiscal Calculations Back Up (21-0016) (2-11-21)</a>	2/25/2021 10:46 AM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

### Package Header

**Package ID** NY2021MS00020  
**Submission Type** Official  
**Approval Date** 5/7/2021  
**Superseded SPA ID** N/A

**SPA ID** NY-21-0016  
**Initial Submission Date** 3/30/2021  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

#### Package Header

<b>Package ID</b>	NY2021MS00020	<b>SPA ID</b>	NY-21-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2021
<b>Approval Date</b>	5/7/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

#### A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes  
 No

3. The level used is:

Household size	Standard
1	\$10600.00
2	\$15600.00
3	\$17940.00
4	\$20280.00
5	\$22620.00
6	\$24960.00
7	\$27300.00
8	\$29640.00
9	\$31980.00
10	\$34320.00

**The state uses an additional incremental amount for larger household sizes.**

- Yes  
 No

**Incremental Amount:**  
\$2340.00

**The dollar amounts increase automatically each year**

- Yes  
 No

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

## Package Header

<b>Package ID</b>	NY2021MS00020	<b>SPA ID</b>	NY-21-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2021
<b>Approval Date</b>	5/7/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

## B. Basis for Income Level

### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.



## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

### Package Header

<b>Package ID</b>	NY2021MS00020	<b>SPA ID</b>	NY-21-0016
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<b>Approval Date</b>	5/7/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

### C. Additional Information (optional)

The income levels used by the State and listed in this State Plan Reviewable Unit are annual income amount.

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

#### Package Header

<b>Package ID</b>	NY2021MS00020	<b>SPA ID</b>	NY-21-0016
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<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

# Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

## Package Header

**Package ID** NY2021MS00020  
**Submission Type** Official  
**Approval Date** 5/7/2021  
**Superseded SPA ID** NY-20-0009  
System-Derived

**SPA ID** NY-21-0016  
**Initial Submission Date** 3/30/2021  
**Effective Date** 1/1/2021

## B. Resource Level Used

The level used is:

Household size	Standard
2	\$23400.00
1	\$15900.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

### Package Header

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<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 7/18/2022 11:28 AM EDT*