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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **23-0001**

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 - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 23, 2023

Amir Bassiri
Acting Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-23-0001

Dear Amir Bassiri:

On December 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-23-0001 which proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100 percent to 138 percent and the Qualified Individual's eligibility level to greater than 138 percent FPL to 186 percent FPL.

We approve New York State Plan Amendment (SPA) NY-23-0001 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Melvina Harrison at melvina.harrison@cms.hhs.gov.

Sincerely,
James G. Scott
Director, DPO
Center for Medicaid & CHIP Services

NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	N/A
Superseded SPA ID	N/A		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 | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID N/A

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID NY-23-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2023	NY-22-0016
Medically Needy Resource Level	1/1/2023	NY-22-0016
Mandatory Eligibility Groups	1/1/2023	NY-19-0009
Qualified Medicare Beneficiaries	1/1/2023	#10-15
Specified Low Income Medicare Beneficiaries	1/1/2023	#10-15
Qualifying Individuals	1/1/2023	#10-15
Optional Eligibility Groups	1/1/2023	NY-20-0009
Ticket to Work Basic	1/1/2023	#11-44 , #03-11
Ticket to Work Medical Improvements	1/1/2023	#11-44 , #03-11
Medically Needy Pregnant Women	1/1/2023	#03-11, #03-0053
Medically Needy Children under Age 18	1/1/2023	#03-11
Protected Medically Needy Individuals Who Were Eligible in 1973	1/1/2023	#03-11
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2023	#03-11, #88-35
Medically Needy Parents and Other Caretaker Relatives	1/1/2023	#03-11
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2023	#03-11, #11-79

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Approval Date	10/23/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 138% and the Qualified Individual eligibility level to greater than 138% FPL to 186% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in New York. The income level used for the Medically Needy program will be increased to 138% FPL, instead of a dollar amount calculated annually. The resource levels for the Medically Needy program will continue to be calculated at one and half times the annual income level for households of one and two. The resource limit for the Ticket to Work Basic Group and the Ticket to Work Medical Improvement Group will be brought into alignment with the resource limits for the Medically Needy program.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$15345000
Second	2024	\$20460000






Federal Statute / Regulation Citation

MSP - 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), 1905(p)

MN - 1902(a)(10)(C), 1902(r)(2), 1905(w)

TWIIA - 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (23-0001) (11-16-22)	12/30/2022 9:36 AM EST	
SPA Fiscal BackUP (23-0001) (11-21-22)	12/30/2022 9:36 AM EST	
Authorizing Provisions (23-0001) (11-16-22)	12/30/2022 9:36 AM EST	
HCFA 179 (23-0001) (CMS 12-30-22)	12/30/2022 9:40 AM EST	
Original Submission Letter (23-0001) (CMS 12-30-22)	12/30/2022 9:40 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Governor's Office Review

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

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.

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

CMS-10434 OMB 0938-1188

Package Header

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	System-Derived		

A. Income Level Used

- The state employs a single income level for the medically needy.
- 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	\$934.00
2	\$1367.00
3	\$1572.00
4	\$1777.00
5	\$1982.00
6	\$2187.00
7	\$2392.00
8	\$2597.00
9	\$2802.00
10	\$3007.00

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

- Yes
- No

Incremental Amount:
\$205.00

The dollar amounts increase automatically each year

- Yes
- No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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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 | NY2022MS00180 | NY-23-0001

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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.

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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

CMS-10434 OMB 0938-1188

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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 | NY2022MS0018O | NY-23-0001

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System-Derived

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

B. Resource Level Used

The level used is:

Household size	Standard
2	\$40821.00
1	\$30182.00

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

- Yes
 No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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C. Additional Information (optional)

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

CMS-10434 OMB 0938-1188

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Superseded SPA ID	NY-19-0009		
	System-Derived		

Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

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	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Percentage of the maximum	An income disregard of 38% of the maximum income standard for the group is applied.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualified Medicare Beneficiaries

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	User-Entered		

F. Additional Information (optional)

SLIMB is being subsumed into to the QMB group due to the requested expansion.

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.

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Percentage of the maximum	An income disregard of 38% of the maximum income standard for the group is applied.

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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F. Additional Information (optional)

The income standard for this group will be 186% Federal Poverty Level.

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Superseded SPA ID	NY-20-0009		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.


















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID #11-44, #03-11
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SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
 More than one motor vehicle

- Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

- A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$30182.00

Couple \$40821.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

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F. Additional Information (optional)

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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	User-Entered		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID #11-44, #03-11
User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
 More than one motor vehicle

- Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

- A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$30182.00
Couple \$40821.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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F. 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.

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Approval Date	10/23/2023	Effective Date	<u>1/1/2023</u>
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	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	#03-11, #03-0053		
	User-Entered		

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 138.00%

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	<p>In determining eligibility for NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process.</p> <p>* These are Partnership qualified long-term care policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid</p>

Name of methodology:

Description:

program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private benefits paid by a selected insurance carrier on behalf of the applicant.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Superseded SPA ID	#03-11, #03-0053		
	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	User-Entered		

F. Additional Information (optional)

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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	User-Entered		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	#03-11		
	User-Entered		

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL: **FPL 138.00%**
 - Between the medically needy income limit and a percentage of the FPL:
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	Income – In determining eligibility for NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process. *These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid

Name of methodology:

Description:

program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals who were eligible as medically needy in 1973 based on blindness or disability, and who have been continuously eligible since that time.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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The state operates the Protected Medically Needy Individuals Who Were Eligible in 1973 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Were eligible as medically needy in December 1973 on the basis of the blindness or disability criteria of the AB, APTD, or AABD plan.
2. For each consecutive month after December 1973, continue to meet:
 - a. Those blindness or disability criteria; and
 - b. The eligibility requirements for the medically needy under the December 1973 plan.
3. Meet all current requirements as medically needy, except for the blindness or disability criteria.

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Additional Information (optional)

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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	User-Entered		

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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	User-Entered		

B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
 - i. Under age 21
 - ii. Under age 20
 - iii. Under age 19
- 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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	User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL: **FPL 138.00%**
 - Between the medically needy income limit and a percentage of the FPL:
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

- Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	<p>NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process.</p> <p>* These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum</p>

Name of methodology:

Description:

required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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	User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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G. Additional Information (optional)

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	#03-11		
	User-Entered		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 138.00%

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	<p>NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process.</p> <p>* These are Partnership qualified long-term care policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not</p>

Name of methodology:

Description:

be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Parents and Other Caretaker Relatives

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

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F. 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.

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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet at least one of the following:
 - a. Are age 65 or older;
 - b. Have blindness; or
 - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

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B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

Between the following percent ages of the FPL:

FPL 138.00%

Between the medically needy income limit and a percent age of the FPL:

Between the SSI Federal Benefit Rate and:

Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	<p>NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process.</p> <p>* These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX</p>

Name of methodology:	Description:
	State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

c. Less restrictive methodologies are used in calculating countable resources.

Yes No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Populations Based on Age, Blindness or Disability

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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