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State/Territory Name: NY

State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
James G. Scott, Director
601 E. 12th St., Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

June 13, 2023

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

Re: Approval of State Plan Amendment NY-23-0006

Dear Amir Bassiri,

On December 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-23-0006, in which the state proposed to elect the option described in section 1902(r)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve New York State Plan Amendment (SPA) NY-23-0006 with an effective date(s) of March 01, 2023.

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

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations
Center for Medicaid & CHIP Services
Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019O | NY-23-0006

Package Header

Package ID NY2022MS0019O
SPA ID NY-23-0006
Submission Type Official
Initial Submission Date 12/30/2022
Approval Date 6/13/2023
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Superseded SPA ID N/A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

**Package Header**

- **Package ID**: NY2022M500190
- **SPA ID**: NY-23-0006
- **Submission Type**: Official
- **Approval Date**: 6/13/2023
- **Superseded SPA ID**: N/A
- **Initial Submission Date**: 12/30/2022
- **Effective Date**: N/A

## SPA ID and Effective Date

**SPA ID**: NY-23-0006

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<th>Proposed Effective Date</th>
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<tr>
<td>Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage</td>
<td>3/1/2023</td>
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**Page Number of the Superseded Plan Section or Attachment (If Applicable):**
Submission - Summary

Package Header

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<td>12/30/2022</td>
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<td>Effective Date</td>
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Executive Summary

Summary Description Including Goals and Objectives: Effective March 1, 2023, this amendment will implement the continuous eligibility for pregnant women and extended postpartum coverage option at 1902(e)(16). Medicaid-eligible pregnant individuals will be able to access full Medicaid benefits for the duration of their pregnancy and the 12-month postpartum period, regardless of any changes in income or household size. The 12-month postpartum coverage period will begin on the last day of the pregnancy and end on the last day of the 12th month.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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Federal Statute / Regulation Citation

1902(e)(16)

Supporting documentation of budget impact is uploaded (optional).

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Medicaid State Plan Eligibility
Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

**A. Mandatory Continuous Eligibility for Pregnant Women**

The state provides continuous eligibility for pregnant individuals in accordance with the following provisions:

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902(a)(10)(A)(ii) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
   a. The individual requests voluntary termination of eligibility;
   b. The individual ceases to be a resident of the state;
   c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
   d. The individual dies.

**B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women**

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
- No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902(a)(10)(A)(ii) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
   a. The individual requests voluntary termination of eligibility;
   b. The individual ceases to be a resident of the state;
   c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
   d. The individual dies.

**C. Additional Information (optional)**

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the duration of the option that is described in Section B. does not apply.

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 30 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.