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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **24-0059**

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 - NY2024MS0001O - (NY-24-0059) - Eligibility

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

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



Center for Medicaid & CHIP Services

April 29, 2024

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

Re: Approval of State Plan Amendment NY-24-0059

Dear Amir Bassiri,

On March 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-24-0059, in which the state proposed to update its Medically Needy resource levels.

We approve New York State Plan Amendment (SPA) NY-24-0059 with an effective date(s) of January 01, 2024.

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

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

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2024MS0001O	SPA ID	NY-24-0059
Submission Type	Official	Initial Submission Date	3/29/2024
Approval Date	04/29/2024	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Superseded SPA ID	N/A		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 | NY2024MS0001O | NY-24-0059

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SPA ID and Effective Date

SPA ID NY-24-0059

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Resource Level	1/1/2024	NY-23-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

Package Header

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Submission Type	Official	Initial Submission Date	3/29/2024
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to update the Medically Needy resource levels. The resource levels for the Medically Needy program will continue to be calculated at one and half times the effective annual income threshold for households of one and two.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$8790337
Second	2025	\$27543057

Federal Statute / Regulation Citation

1902(a)(10)(C)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (24-0059) (3-5-24)	3/5/2024 2:48 PM EST	
2024 Placeholder Budget Fiscal Methodology 2022 (24-0059)	3/5/2024 2:49 PM EST	
Authorizing Provisions (24-0059) (3-1-24)	3/5/2024 2:49 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

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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 - NY2024MS0001O - (NY-24-0059) - Eligibility

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

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

CMS-10434 OMB 0938-1188

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Package ID	NY2024MS0001O	SPA ID	NY-24-0059
Submission Type	Official	Initial Submission Date	3/29/2024
Approval Date	04/29/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	NY-23-0001		
	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 | NY2024MS0001O | NY-24-0059

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System-Derived

SPA ID NY-24-0059
Initial Submission Date 3/29/2024
Effective Date 1/1/2024

B. Resource Level Used

The level used is:

Household size	Standard
1	\$31175.00
2	\$42312.00

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

- Yes
 No

Medically Needy Resource Level

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C. Additional Information (optional)

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