

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 25-0026**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [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

May 23, 2025

Amir Bassiri  
Medicaid Director  
New York State Department of Health  
99 Washington Ave.  
Suite 1715  
Albany, NY 12211

Re: Approval of State Plan Amendment NY-25-0026

Dear Amir Bassiri,

On March 28, 2025, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-25-0026, in which the state proposed to increase its resource standards for the Medically Needy, Ticket to Work Basic, and Ticket to Work Medical Improvement eligibility groups.

We approve New York State Plan Amendment (SPA) NY-25-0026 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact Melvina Harrison at [melvina.harrison@cms.hhs.gov](mailto:melvina.harrison@cms.hhs.gov).

Sincerely,

Shantrina Roberts

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	05/23/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	New York	Medicaid Agency Name:	Department of Health
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### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** NY-25-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Resource Level	1/1/2025	NY-24-0059
Optional Eligibility Groups	1/1/2025	NY-23-0001
Ticket to Work Basic	1/1/2025	NY-23-0001
Ticket to Work Medical Improvements	1/1/2025	NY-23-0001

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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Approval Date	05/23/2025	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment updates the resource levels for the Medically Needy, Ticket to Work Basic Group, and the Ticket to Work Medical Improvement Group. The resource level continues to be calculated at one and half times the annual income level for households of one and two.

## Federal Budget Impact and Statute/Regulation Citation






### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$22677165
Second	2026	\$71055115

### Federal Statute / Regulation Citation

1902(a)(10)(C), 1902(r)(2), 1905(w), 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 (25-0026) (2-24-25)	3/18/2025 3:04 PM EDT	
Original Submission Letter (25-0026)	3/27/2025 8:00 AM EDT	
Authorizing Provisions (25-0026)	3/27/2025 8:02 AM EDT	
Summary (25-0026)	3/27/2025 8:02 AM EDT	
HCFA (25-0026)(CMS 3-28-25)	3/28/2025 7:54 AM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS00010 | NY-25-0026

### Package Header

<b>Package ID</b>	NY2025MS00010	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### 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 - NY2025MS0001O - (NY-25-0026) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- 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 | NY2025MS0001O | NY-25-0026

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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Superseded SPA ID	NY-24-0059		
	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 | NY2025MS0001O | NY-25-0026

## Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
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Superseded SPA ID	NY-24-0059		
	System-Derived		

## B. Resource Level Used

The level used is:

Household size	Standard
1	\$32396.00
2	\$43781.00

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

- ☐ Yes
- ☒ No



# Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
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<b>Superseded SPA ID</b>	NY-24-0059		
	System-Derived		

## C. Additional Information (optional)

The resource standard is calculated as 150% of the effective Medically Needy Income Level (138% of the Federal Poverty Level). The figures displayed in section D. ("Resource Standard Used") were the standards for 2025. New York adjusts these figures each year according to changes in the federal poverty level.

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# NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

CMS-10434 OMB 0938-1188

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Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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Superseded SPA ID	NY-23-0001		
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-IVE 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 | NY2025MS00010 | NY-25-0026

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Superseded SPA ID	NY-23-0001		
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 type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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## 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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- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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

CMS-10434 OMB 0938-1188

#### Package Header

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	System-Derived		

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 | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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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 | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
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Superseded SPA ID	NY-23-0001		
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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 | NY2025MS0001O | NY-25-0026

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	System-Derived		

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

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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	\$32396.00
Couple	\$43781.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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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)

The resource standard is calculated as 150% of the effective Medically Needy Income Level (138% of the Federal Poverty Level). The figures displayed in section D. ("Resource Standard Used") were the standards for 2025. New York adjusts these figures each year according to changes in the federal poverty level.

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- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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

CMS-10434 OMB 0938-1188

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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 | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	05/23/2025	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
System-Derived			

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	<p>Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.</p> <p>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.</p>

☒ 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 | NY2025MS0001O | NY-25-0026

## Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	05/23/2025	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

## 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 | NY2025MS0001O | NY-25-0026

## Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	05/23/2025	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

## 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	\$32396.00
Couple	\$43781.00

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

## 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 | NY2025MS0001O | NY-25-0026

## Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

## F. Additional Information (optional)

The resource standard is calculated as 150% of the effective Medically Needy Income Level (138% of the Federal Poverty Level). The figures displayed in section D. ("Resource Standard Used") were the standards for 2025. New York adjusts these figures each year according to changes in the federal poverty level.

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