

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 19-0009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



Division of Medicaid and Children's Health Operations

June 26, 2019

Donna Frescatore
Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-19-0009

Dear Donna Frescatore:

On March 29, 2019, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-19-0009 to revise the Medically Needy Income Levels, effective January 1, 2019..

We approve New York State Plan Amendment (SPA) NY-19-0009 on June 26, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Michael Cutler at 212.616.2421 or michael.cutler@cms.hhs.gov.

Sincerely,
Nicole McKnight
Acting Deputy Division Director
Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

CMS-10434 OMB 0938-1188

Package Header

Package ID NY2019MS00030

SPA ID NY-19-0009

Submission Type Official

Initial Submission Date 3/29/2019

Approval Date 6/26/2019

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Superseded SPA ID N/A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 | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O

SPA ID NY-19-0009

Submission Type Official

Initial Submission Date 3/29/2019

Approval Date 6/26/2019

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NY-19-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	1/1/2019	18-0006
Medically Needy Income Level	1/1/2019	
Handling of Excess Income (Spendedown)	1/1/2019	18-0006
Medically Needy Resource Level	1/1/2019	
Mandatory Eligibility Groups	1/1/2019	13-0053

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID	NY2019MS00030	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2019. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
Second	2020	\$8802225

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
------	--------------

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID N/A

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date N/A

Governor's Office Review

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

PRA Disclosure Statement: 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 average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/27/2019 12:22 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID N/A

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 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 | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O

SPA ID NY-19-0009

Submission Type Official

Initial Submission Date 3/29/2019

Approval Date 6/26/2019

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NY-19-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	1/1/2019	18-0006
Medically Needy Income Level	1/1/2019	
Handling of Excess Income (Spendedown)	1/1/2019	18-0006
Medically Needy Resource Level	1/1/2019	
Mandatory Eligibility Groups	1/1/2019	13-0053

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID	NY2019MS00030	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2019. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
Second	2020	\$8802225

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
------	--------------

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID N/A

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID N/A

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID NY2019MS00030
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID N/A

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/4/2019	paper mailing / electronic mail

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
3/4/2019	paper mailing / electronic mail

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
------	--------------

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID	NY2019MS00030	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID	NY2019MS00030	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 18-0006
User-Entered

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

Yes

No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID NY2019MS00030
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 18-0006
User-Entered

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

A. Income Level Used

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

- Yes
 No

3. The level used is:

Household size	Standard
2	\$15200.00
3	
4	\$19760.00
5	
6	\$24320.00
7	
8	\$28880.00
9	
10	\$33440.00

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

- Yes
 No

Incremental Amount:
\$2280.00

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

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 | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

C. Additional Information (optional)

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

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

a. One budget period of:

b. More than one budget period, as described below:

i. Community budget period

Length of budget period:

(1) 6 months

(2) 5 months

(3) 4 months

(4) 3 months

(5) 2 months

(6) 1 month

ii. Institutional budget period

iii. Other budget period

Name of other budget period:	Length of budget period:	Description:

2. The state includes part or all of the retroactive period in the budget period.

Yes

No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

Yes

No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID	NY2019MS00030	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O

SPA ID NY-19-0009

Submission Type Official

Initial Submission Date 3/29/2019

Approval Date 6/26/2019

Effective Date 1/1/2019

Superseded SPA ID 18-0006

User-Entered

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

Yes

No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 18-0006
User-Entered

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
 No

1. The state provides all individuals with the option to pay-in their spenddown or to use incurred expenses for spenddown.
2. The state disburses to the individual amounts for services not covered under the state plan.
3. The state refunds unused pay-in amounts, as follows:
 - a. The state refunds unused pay-in amounts on a case-by-case basis.
 - b. The state applies unused pay-in amounts toward spenddown liability in a subsequent budget period on a case-by-case basis.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 18-0006
User-Entered

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

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 | NY2019MS0003O | NY-19-0009

Package Header

Package ID NY2019MS0003O
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 18-0006
User-Entered

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

B. Resource Level Used

The level used is:

Household size	Standard
2	\$22800.00
1	\$15450.00

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

- Yes
 No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	18-0006		
	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID NY2019MS00030
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 13-0053
System-Derived

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections	?	<input 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 ?
Closed Eligibility Groups	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Working Individuals under 1619(b)	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Qualified Disabled and Working Individuals	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Qualifying Individuals	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	13-0053		
	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 ?

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

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS00030 | NY-19-0009

Package Header

Package ID NY2019MS00030
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 13-0053
System-Derived

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

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 ?
Reasonable Classifications of Individuals under Age 21	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Independent Foster Care Adolescents	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Individuals Eligible for Family Planning Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Individuals Electing COBRA Continuation Coverage	?	<input 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 ?
				<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	?	<input 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

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
PACE Participants		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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 | NY2019MS00030 | NY-19-0009

Package Header

Package ID NY2019MS00030
Submission Type Official
Approval Date 6/26/2019
Superseded SPA ID 13-0053
System-Derived

SPA ID NY-19-0009
Initial Submission Date 3/29/2019
Effective Date 1/1/2019

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 type="radio"/>	NEW
Medically Needy Children under Age 18			<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
Protected Medically Needy Individuals Who Were Eligible in 1973			<input type="radio"/>	NEW

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 type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives			<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
Medically Needy Populations Based on Age, Blindness or Disability			<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0003O | NY-19-0009

Package Header

Package ID	NY2019MS0003O	SPA ID	NY-19-0009
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/26/2019	Effective Date	1/1/2019
Superseded SPA ID	13-0053		
	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

PRA Disclosure Statement: 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 average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/27/2019 12:40 PM EDT