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

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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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CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2024MS0001O	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY-24-0059	Region	New York, NY
Version Number	1	Package Status	Approved
Submitted By	Jennifer Yungandreas	Submission Date	3/29/2024
Package Disposition		Approval Date	4/29/2024 5:23 PM EDT

Submission - Summary

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

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Superseded SPA ID	N/A		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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Submission Type Official	Initial Submission Date 3/29/2024
Approval Date 04/29/2024	Effective Date N/A
Superseded SPA ID N/A	

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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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

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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

Submission - Medicaid State Plan

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

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

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

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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 | NY2024MS00010 | NY-24-0059

Package Header

Package ID NY2024MS00010	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	

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:
3/14/2024	paper mailing/electronic mailing


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:
3/14/2024	paper mailing/electronic mailing

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	
Tribal Consultation (24-0059) (Summary) (3-14-24)	3/14/2024 1:08 PM EDT	

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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

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Approval Date	04/29/2024	Effective Date	1/1/2024
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		

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

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

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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.

This view was generated on 4/30/2024 9:36 AM EDT