

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Jacob K. Javits Federal Building  
26 Federal Plaza  
Room 37-100  
New York, New York 10278-0063

**CMS**

*CENTERS for MEDICARE & MEDICAID SERVICES*

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March 5, 2012

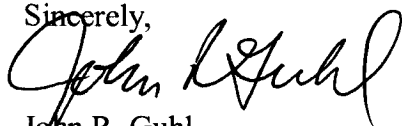
Jason A. Helgeson, Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower—Room 1441  
Empire State Plaza  
Albany, New York 12237

Dear Mr. Helgeson:

We have completed our review of New York State Plan Amendment submittal 11-05, "Transitional Medical Assistance Eligibility Criteria Change" (Supplement 12 to Attachment 2.6-A, page 7) and find it acceptable for incorporation into New York's Medicaid Plan, effective October 1, 2011. Enclosed please find copies of State Plan Amendment 11-05 and Form CMS-179.

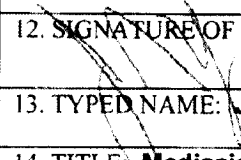
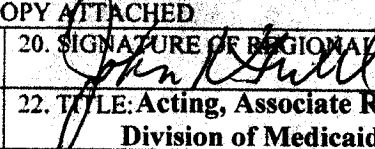
Please note that as requested in the State's January 23, 2012 e-mail, we have substituted the page originally submitted with the replacement page that was provided with the January 23, 2012 e-mail. If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,



John R. Guhl  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>11-05</b>	2. STATE  <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1925 (a) (1) of the Social Security Act, 42 CFR 435.112, ARRA of 2009 Section 5004</b>		7. FEDERAL BUDGET IMPACT: a. FFY 10/01/11-09/30/12    \$ 5.7 million b. FFY 10/01/12-09/30/13    \$ 6.0 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 12 to Attachment 2.6-A: Page 7</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement 12 to Attachment 2.6-A: Page 7</b>	
10. SUBJECT OF AMENDMENT: <b>Transitional Medical Assistance Eligibility Criteria Change (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner NYS Department of Health</b>			
15. DATE SUBMITTED: <b>December 13, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>March 5, 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 01, 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>John Guhl</b>		22. TITLE: <b>Acting, Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>** By means of this SPA, New York State proposes to elect the option that allows families to have fewer than 3 of the last 6 months of Low Income Family eligibility, specifically at least 1 of the last 6 months, be considered eligible for Transitional Medical Assistance. This change allows for more low income families who have increased earned income and a dependent child under the age of 21 to retain their current level of public health insurance for a continued period of 12 months.</b>			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: New York**

**ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE**

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard while there is a dependent child in the household. **([42 CFR 435.112,] 1902(a)(52), 1902(e)(1)(B), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

- During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.
- For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

**For at least 1 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931.**

The State extends Medicaid eligibility under TMA for an initial period of:

- 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.
- 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

**TN #11-05**

**Approval Date MAR 05 2012**

**Supersedes TN #09-48**

**Effective Date OCT 01 2011**