

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

April 29, 2013

Jason Helgerson
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Towers (OCP-1211)
Albany, New York 12237

Dear Mr. Helgerson:


We have completed our review of New York's State Plan amendment (SPA) 13-06 received on March 25, 2013 and find it acceptable for incorporation into New York's Medicaid State Plan.

This SPA proposes to increase the Medically Needy Income level effective January 1, 2013.

Please note the approval date of this SPA is April 29, 2013 with an effective date of January 1, 2013. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

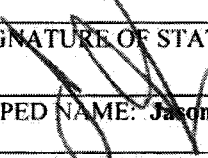
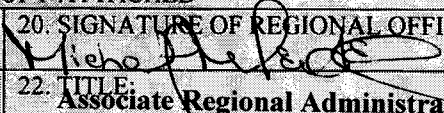
Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-06	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
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: Section 1902(a)(10)(C)(i)(III) of the Social Security Act Section 1905(w) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/13-09/30/13 \$ 2.65 Million b. FFY 10/01/13-09/30/14 \$ 3.53 Million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp 1 to Att 2.6-A: Pages 8, 9 **SEE REMARKS BELOW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supp 1 to Att 2.6-A: Pages 8, 9	
10. SUBJECT OF AMENDMENT: Medically Needy Income Levels (FMAP = 50%)			
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: New York State Department of Health Bureau of HCRA Operations & Financial Analysis 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: March 25, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: April 29, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 01, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: **This SPA proposes to increase the Medically Needy Income level effective 1/1/2013.			

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New York

Income Levels (Continued)

D. Medically Needy

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified 42 CFR 435.1007
	<input type="checkbox"/> Urban Only <input type="checkbox"/> Urban & Rural			
1	[\$ 9,500] <u>\$ 9,600</u>	\$	\$	\$
2	[\$13,900] <u>\$14,100</u>	\$	\$	\$
3	[\$15,985] <u>\$16,215</u>	\$	\$	\$
4	[\$18,070] <u>\$18,330</u>	\$	\$	\$

TN#: 13-06

Approval Date: APR 29 2013

Supersedes TN#: 12-06

Effective Date: JAN 01 2013

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New York

Income Levels (Continued)

D. Medically Needy

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	____ Urban Only ____ Urban & Rural			
5	[\$20,155] <u>\$20,445</u> \$	\$	\$.
6	[\$22,240] <u>\$22,560</u> \$	\$	\$.
7	[\$24,325] <u>\$24,675</u> \$	\$	\$.
8	[\$26,410] <u>\$26,790</u> \$	\$	\$.
9	[\$28,495] <u>\$28,905</u> \$	\$	\$.
10	[\$30,580] <u>\$31,020</u> \$	\$	\$.
For each additional Person add	[\$2,085] <u>\$2,115</u> \$	\$	\$.

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