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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **14-06**

This file contains the following documents in the order listed:

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

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

October 28, 2014

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) 14-06 received in office on March 25, 2014 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to revise the 2014 Medically Needy Income level.

Please note the approval date of this SPA is October 28, 2014 with an effective date of January 1, 2014. 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,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-06	2. STATE New York
		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, 2014	
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 01/01/14-09/30/14 \$ 0 b. FFY 10/01/14-09/30/15 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp 1 to Att 2.6-A: Pages 8, 9		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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supp 1 to Att 2.6-A: Pages 8, 9	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: 2014 Revisions to 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 Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: OCT 29 2014 March 25, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: OCTOBER 28, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

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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	\$ [9,600] <u>9,700</u> \$	\$		\$
2	\$[14,100] <u>14,300</u> \$	\$		\$
3	\$[16,215] <u>16,445</u> \$	\$		\$
4	\$[18,330] <u>18,590</u> \$	\$		\$

TN#: #14-06

Approval Date: 10/28/2014

Supersedes TN#: #13-06

Effective Date: 01/01/2014

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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	[\$20,445] <u>20,735</u>	\$	\$	\$
6	[\$22,560] <u>22,880</u>	\$	\$	\$
7	[\$24,675] <u>25,025</u>	\$	\$	\$
8	[\$26,790] <u>27,170</u>	\$	\$	\$
9	[\$28,905] <u>29,315</u>	\$	\$	\$
10	[\$31,020] <u>31,460</u>	\$	\$	\$
For each additional Person add	[\$2,115] <u>2,145</u>	\$	\$	\$

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