

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 17-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

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DMCHO: MV NY SPA 17-0014 Approval

December 22, 2016

Jason A. Helgeson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP-1211)  
Albany, New York 12237

RE: NY SPA 17-0014

Dear Mr. Helgeson:

This is to notify you that New York's State Plan Amendment (SPA) #17-0014, "Public Benefit Program to Support Medicaid Determination," has been approved for adoption into the State Medicaid Plan with an effective date of December 1, 2016. This SPA proposes to use the Temporary Assistance for Needy Families (TANF) option as the means tested public benefits program to support Medicaid eligibility determinations.

Enclosed are copies of the approved SPA # 17-0014 pages for incorporation into the New York State Plan.

If you have any questions or wish to discuss this SPA further, please contact Maria Varon of this office. Ms. Varon may be reached at (212) 616-2503.

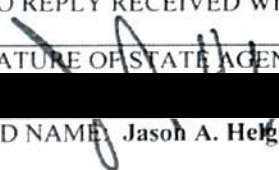
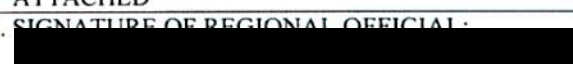
Sincerely,

A handwritten signature in black ink, appearing to read "Michael Melendez", is written over a horizontal line. The signature is fluid and cursive.

Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures

cc: J. Stephens  
R. Holligan  
M. Cutler  
J. Arnold  
R. Deyette

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>17-0014</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>December 1, 2016</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§1902(e)(14)(A)</b>		7. FEDERAL BUDGET IMPACT: ( <i>in thousands</i> ) a. FFY 12/01/16-09/30/17 \$ 445,197.96 b. FFY 10/01/17-09/30/18 \$ 594,148.48	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 2.6-A: Page 27,28,29,30,31,32,33,34,35,36,37,38</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>Income Determination – Public Benefit Program to Support Medicaid Determinations (FMAP = tiered)</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 Bureau of Federal Relations &amp; Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgeson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>NOV 16 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>DECEMBER 22, 2016</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>DECEMBER 01, 2016</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(continued)

(f) Using the Income Determination from another Means-Tested Public  
Benefit Program to Support Medicaid Determinations

- (1) The state elects the option to use income determined by the  
following means-tested public benefits program(s) to support  
Medicaid eligibility determinations:

SNAP  
 TANF  
 Other Means-Tested Program: \_\_\_\_\_

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid  
statutory and regulatory requirements in Section 1137 of the Social  
Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to  
participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR  
435.905, such as information about available services and the rights and  
responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the  
appropriate Medicaid eligibility group. Description:

Medicaid workers in the local department of social services code Medicaid consumers based on their Medicaid eligibility group. There is a small population who may look like the Adult group, but have income over the MAGI level because they reside in temporary housing, such as motels, domestic violence shelters or AIDS housing, and receive an unlimited shelter allowance. The State will data mine for these consumers using codes available in their budgets and code them to claim the appropriate Federal share of 50 percent if they have income above 138 percent FPL. These consumers will still be eligible under the State's 1115 Waiver, which gives the authority to use the Temporary Assistance determination to authorize Medicaid coverage.

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SECTION 2- COVERAGE AND ELIGIBILITY

- (e) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916A(b)(3) of the Social Security Act. Description:

Medicaid does not have premiums. A majority of American Indian and Alaska Native consumers enrolled through this strategy will be below 100 percent of the FPL because Temporary Assistance first compares gross income to 100 percent FPL in order to be found eligible. Medicaid consumers with income under 100 percent FPL do not have cost sharing. A small number of consumers who reside in temporary housing, such as motels, domestic violence shelters or AIDS housing receive an unlimited shelter allowance and therefore may have income about 100 percent FPL. The State intends to data mine for individuals with unlimited shelter allowances to see if they are MAGI eligible. The State will also determine if there are eligible American/Indian or Alaska Natives who should not be charged a copayment and manually exempt them.

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

**(2) SNAP-Specific Criteria**

- \_\_\_ (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

\_\_\_ Initial application  
\_\_\_ Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
- (b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.
- (c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.

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SECTION 2- COVERAGE AND ELIGIBILITY

- (d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
  - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

- Yes  
 No

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) None of the household's income is excluded from gross income as payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

- Yes, the state adds the amount of child support excluded to the household's SNAP gross income.  
 Yes, these families will be excluded from the method.  
 No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.
- (ii) Collection of Information to Determine Eligibility
- (a) The state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home through the following:
- Information is available through electronic data sources.

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- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Description:

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (b) The state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award not used for educational expenses, or income from a minor dependent child above the applicable tax filing threshold. The status uses the following processes:
- Information is available through electronic data sources.
  - Information is collected on the application or renewal form for the means-tested program.
  - The state agency provides a form to the individual to complete and return.
  - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
  - Other. Description:

- (c) The state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
- The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
  - The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
  - Individuals are sent a separate form for signature and return. The state allows the form to be completed:

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SECTION 2- COVERAGE AND ELIGIBILITY

- On paper
- By telephone
- Online
- Through other means. Description:

- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

**(3) TANF-Specific Criteria**

- ✓ (i) The state will use gross income determined by TANF to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- ✓ Initial application
- ✓ Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination under TANF rules is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the TANF assistance unit are eligible for TANF.
- (c) No one in the TANF assistance unit has any type of income that is excluded in determining income for purposes of TANF, but would be included in MAGI-based income.
- (d) No one in the TANF assistance unit is part of a tax household that includes an individual who lives outside the home.
- (e) The TANF assistance unit consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:

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- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
- Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) Households with income from stepparents are excluded from this option if the state uses state-specific methodology to exclude any income from stepparents living in TANF assistance unit.

Does the state exclude any portion of stepparents' income from the household income?

Yes  
 No

- (g) The criteria described under this strategy are applied statewide in states with TANF eligibility requirements that vary by region.

Does the state have TANF eligibility requirements that vary by region?

Yes. Description:

The standard of need varies by county in New York State. However, Temporary Assistance, statewide, first compares income to 100 percent of the FPL before comparing income to the county specific standard of need.

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(ii) Collection of Information to Determine Eligibility

The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

(a) Describe how the state collects information to ensure that no one in the TANF household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for TANF.
- The state agency provides a form to the individual to complete and return.
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in TANF income:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.

Other. Description:

Prior to performing a net income budget, the TANF budget first compares a consumer's gross income to 100 percent of the federal poverty level. All income included in a MAGI-based budget would be included in this poverty level test.

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for TANF.
- The household applies for Medicaid at its TANF recertification by requesting a Medicaid determination on the TANF recertification form.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
  - On paper
  - By telephone
  - Online
  - Through other means. Description: \_\_\_\_\_
- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(4) Criteria for Other Public Means-Tested Benefit Program

\_\_\_ (i) The state will use gross income determined by \_\_\_\_\_ to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- \_\_\_ Initial application
- \_\_\_ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination for the means-tested benefit program described above is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the household for the [means-tested benefit program name] \_\_\_\_\_ are eligible for that program.

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SECTION 2- COVERAGE AND ELIGIBILITY

- (c) No one in the household for the [means tested benefit program] has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.
- (d) No one in the household for the [means tested benefit program] is part of a tax household that includes an individual who lives outside the home.
- (e) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
  - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
  - o Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
  - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (g) The criteria described under this strategy are applied statewide in states with eligibility requirements for the means-tested program described above that vary by region.

Do the eligibility requirements for the means-tested program vary by region?

Yes. Description:

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for the means-tested program. If available, electronic data sources are consulted before paper documentation is requested.

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(iii) Collection of Information to Determine Eligibility

(a) Describe how the state collects information to ensure that no one in the [means-tested benefit program] household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in total income for the means-tested benefit program:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency p a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
- The household applies for Medicaid by requesting a Medicaid determination through the application for the means-tested benefit program.
  - The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for the means tested benefit program.
  - Individuals are sent a separate form for signature and return. . The state allows the form to be completed:
    - On paper
    - By telephone
    - Online
    - Through other means. Description:  
\_\_\_\_\_
  - Not applicable. State has only elected option to use strategy at Medicaid renewal.
  - Other. Description:

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