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State/Territory Name: New York

State Plan Amendment (SPA) #: 18-0006

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

May 8, 2018

Donna Frescatore
State Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
One Commerce Plaza/99 Washington Avenue
Suite 1211
Albany, New York 12210

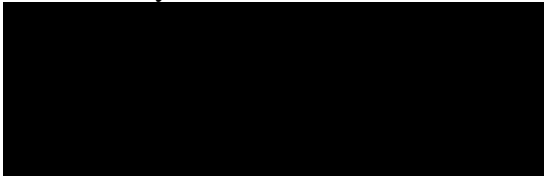
RE: #18-0006

Dear Ms. Frescatore:

This is to notify you that New York's State Plan Amendment (SPA) #18-0006, "Medically Needy Income Levels," has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2018. This SPA proposes to modify the eligibility levels for the Medicaid program to reflect the revised income figures for Medically Needy households. This adjustment provides the basis for estimating revisions used in determining Medicaid eligibility.

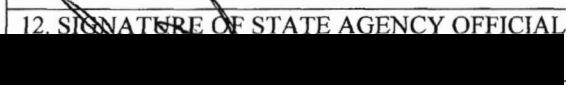
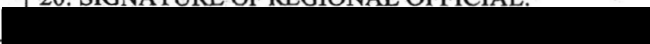
If you have any questions or wish to discuss this SPA further, please contact Michael Cutler of this office. Mr. Cutler may be reached at (212) 616-2421.

Sincerely,



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

cc: Nicole McKnight
Maria Tabakov
Mike Cutler

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0006	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, 2018	
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: §1902(a)(10)(C)(i)(III) of the Social Security Act §1905(w) of the Social Security Act		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/18-09/30/18 \$ 0 b. FFY 10/01/18-09/30/19 \$ 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: 2018 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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 13 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MAY 08, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: DIVISION OF MEDICAID & CHILDRENS HEALTH OR	
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	\$ [9,900] <u>10,100</u>	\$	\$	\$
2	\$[14,500] <u>14,800</u>	\$	\$	\$
3	\$[16,675] <u>17,020</u>	\$	\$	\$
4	\$[18,850] <u>19,240</u>	\$	\$	\$

TN#: #18-0006 **Approval Date:** 05/08/2018

Supersedes TN#: #15-0006 **Effective Date:** 01/01/2018

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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	[\$21,025] <u>21,460</u>	\$	\$	\$.
6	[\$23,200] <u>23,680</u>	\$	\$	\$.
7	[\$25,375] <u>25,900</u>	\$	\$	\$.
8	[\$27,550] <u>28,120</u>	\$	\$	\$.
9	[\$29,725] <u>30,340</u>	\$	\$	\$.
10	[\$31,900] <u>32,560</u>	\$	\$	\$.
For each additional Person add	[\$2,175] <u>2,220</u>	\$	\$	\$.

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