

NY - Submission Package - NY2021MS0002O - (NY-21-0016) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, MD 21244-1850



Center for Medicaid & CHIP Services

May 07, 2021

Donna Frescatore
Medicaid Director
Department of Health & Human Services
99 Washington Ave-One Commerce Plaza, Suite 1432
Albany, NY 12210

Re: Approval of State Plan Amendment NY-21-0016

Dear Ms. Frescatore,

On March 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-21-0016. This SPA revises the Medically Needy income and resource standards.

We approve New York SPA NY-21-0016 with an effective date of January 01, 2021.

If you have any questions regarding this amendment, please contact Michael Kahnowitz at michael.kahnowitz@cms.hhs.gov


Sincerely,
James Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP
Services

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CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2021MS0002O	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY-21-0016	Region	New York, NY
Version Number	1	Package Status	Approved
Submitted By	Jennifer Yungandreas	Submission Date	3/30/2021
Package Disposition		Approval Date	5/7/2021 1:52 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

Package Header

Package ID NY2021MS00020
Submission Type Official
Approval Date 5/7/2021
Superseded SPA ID N/A

SPA ID NY-21-0016
Initial Submission Date 3/30/2021
Effective Date N/A

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

Package Header

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Approval Date	5/7/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NY-21-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2021	NY-20-0009
Medically Needy Resource Level	1/1/2021	NY-20-0009

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS0002O | NY-21-0016

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Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	5/7/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2021. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard of for a household of 2, etc.

Federal Budget Impact and Statute/Regulation Citation




Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$8108031
Second	2022	\$25405165

Federal Statute / Regulation Citation

1903(a)(10)(C)(ii)
1902(r)(2)
1905(w)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Authorizing Provisions (21-0016) (1-13-21)	2/17/2021 10:39 AM EST	
Fiscal Calculations (21-0016) (2-23-21)	2/25/2021 10:45 AM EST	
Fiscal Calculations Back Up (21-0016) (2-11-21)	2/25/2021 10:46 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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Superseded SPA ID N/A

SPA ID NY-21-0016
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Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Reviewable Unit Name	Included in Another Submission Package	Source Type
Medically Needy Income Level	<input type="radio"/>	APPROVED

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Submission Package	Source Type
	<input type="radio"/>	APPROVED

Medically Needy Resource Level		
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- Mandatory Eligibility Groups
- Optional Eligibility Groups
- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a) (73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/4/2021	paper mailing/electronic mailing


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
3/4/2021	paper mailing/electronic mailing

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Consultation (21-0016) (Summary) (3-4-21)	3/4/2021 8:22 AM EST	

Indicate the key issues raised (optional)

Access
 Quality

Cost

Payment methodology

Eligibility

Benefits

Service delivery

Other issue

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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Approval Date	5/7/2021	Effective Date	1/1/2021
Superseded SPA ID	NY-20-0009		
	System-Derived		

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

Yes
 No

3. The level used is:

Household size	Standard
1	\$10600.00
2	\$15600.00
3	\$17940.00
4	\$20280.00
5	\$22620.00
6	\$24960.00
7	\$27300.00
8	\$29640.00
9	\$31980.00
10	\$34320.00

The state uses an additional incremental amount for larger household sizes.

Yes
 No

Incremental Amount:
\$2340.00

The dollar amounts increase automatically each year

Yes
 No

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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	System-Derived		

C. Additional Information (optional)

The income levels used by the State and listed in this State Plan Reviewable Unit are annual income amount.

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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	System-Derived		

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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System-Derived

SPA ID NY-21-0016
Initial Submission Date 3/30/2021
Effective Date 1/1/2021

B. Resource Level Used

The level used is:

Household size	Standard
2	\$23400.00
1	\$15900.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2021MS00020 | NY-21-0016

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	System-Derived		

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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