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NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 23, 2023

Amir Bassiri
Acting Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-23-0001

Dear Amir Bassiri:

On December 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-23-0001 which proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100 percent to 138 percent and the Qualified Individual's eligibility level to greater than 138 percent FPL to 186 percent FPL.

We approve New York State Plan Amendment (SPA) NY-23-0001 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Melvina Harrison at melvina.harrison@cms.hhs.gov.

Sincerely,
James G. Scott
Director, DPO
Center for Medicaid & CHIP Services

NY - Submission Package - NY2022MS00180 - (NY-23-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID NY2022MS00180
Program Name N/A
SPA ID NY-23-0001
Version Number 7
Submitted By Jennifer Yungandreas
Package Disposition



Submission Type Official
State NY
Region New York, NY
Package Status Approved
Submission Date 12/30/2022
Approval Date 10/23/2023 4:23 PM EDT

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package NY2022MS00180

Authority Eligibility

State NY

Agency Name Department of Health

Submission Date Dec 30, 2022

All Questions

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	AFDC Income Standards	The state has included revised dollar amounts in "MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date". It is not clear whether these amounts represent the current standard as of the effective date of the SPA. CMS requires clarification on the effective date of the standards. Please provide the methodology or calculations used by the state to update these income standards.	Section 1902(a)(17) of the Social Security Act; 42 CFR Part 435	Response: The Reviewable Unit (RU) has been updated with the current standard as of the effective date of the SPA. The methodology used to make the update is attached. It shows the application of the Consumer Price Index for urban consumers (CPI-U) applied to the standard annually, beginning in 2013. Also shown in the sheet is the change to the standard in 2013 when the standard was made MAGI equivalent. (See 2013-2023 MAGI equivalent AFD)
2	AFDC Income Standards	The state has included in "AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date" standards that align with the standards in the most recently approved state plan page. It is not clear whether these amounts represent the current standard as of the effective date of the SPA. CMS requires clarification on the effective date of the standards. Please provide the methodology or calculations used by the state to update these income standards.	Section 1902(a)(17) of the Social Security Act; 42 CFR Part 435	Response: This was an unintended change. The RU has been updated to reflect the original values.
3	Med. Needy Pregnant Women Med. Needy Children under Age 18 Med. Needy Reasonable Classifications of Individuals under Age 21 Med. Needy Parents & Other Caretaker Relatives	We require clarification about the omission of a less restrictive income methodology being applied to medically needy groups. The current state plan at Supplement 8a to Attachment 2.6-A page 1 includes an income disregard for	1902(r)(2) of the Social Security Act; Section 6008(b)(1) of Pub. L. No. 116-27	Response: This omission was not intentional. The appropriate RUs have been updated to reflect the NYSSPLTC income disregard.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
	<p>Med. Needy Populations Based on Age, Blindness or Disability</p>	<p>NYSSPLTC policyholders which is described as applying to all medically needy individuals. This disregard was not included in the current SPA submission for any medically needy group.</p> <p>The proposed effective date for this SPA is 1/1/2023, which is during the COVID-19 public health emergency (PHE). Section 6008(b)(1) of the Families First Coronavirus Response Act (FFCRA) does not permit states to claim the enhanced 6.2 percent FMAP authorized by FFCRA if they impose eligibility standards, methodologies, or procedures under their state plans that are more restrictive than those in effect as of January 1, 2020. Removal of disregards currently reflected in the state plan prior to the end of the PHE could implicate this provision.</p> <p>Please explain how the removal of this disregard would be consistent with section 6008(b)(1) of FFCRA, if NY's intent is to continue to claim FFCRA's enhanced FMAP.</p>		
4	<p>Medically Needy Pregnant Women Medically Needy Children under Age 18 Medically Needy Reasonable Classifications of Individuals under Age 21 Medically Needy Parents and Other Caretaker Relatives</p>	<p>We require clarification on the resource standard used for non-aged, blind and disabled (ABD) medically needy individuals. In the current submission, the state has indicated that all resources are disregarded, and that no resource test is applied. The current state plan at Supplement 8b to Attachment 2.6-A includes a number of resource disregards which are listed as applying to "all MN", which implies that only a limited number of resource disregards apply to non-ABD medically needy groups. Please explain whether the elimination of a resource test for non-ABD groups is a change in policy and confirm that it is the state's intent to disregard all resources for these medically needy groups.</p>	<p>Sections 1902(a)(10)(C) and 1902(r)(2) of the Social Security Act</p>	<p>Response: The elimination of a resource test for non-Aged, Blind, and Disabled (ABD) is not a policy change as these groups have not been subject to a resource test since 2010, approved in SPA 10-02. It is the state's intent to disregard all resources for non-ABD medically needy individuals.</p>
5	<p>Medically Needy Populations Based on Age, Blindness or Disability</p>	<p>We require clarification on the resource disregard named "Equity value of income-producing property" that was included in the current submission. The disregard is currently approved in the state plan at Supplement 8b to Attachment 2.6-A page 1a and is</p>	<p>Sections 1902(a)(10)(C) and 1902(r)(2) of the Social Security Act</p>	<p>Response: The ADC-related MN groups do not have a resource test. They include children, pregnant women and parents and caretaker relatives. The previously approved version of the disregard in Supplement 8b to Attachment 2.6-A page 1a contains a</p>

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
6	Medically Needy Populations Based on Age, Blindness or Disability	<p>designated as applying to "ADC-related MN" groups. Please explain which groups are "ADC-related MN" groups and whether the Medically Needy Populations Based on Age, Blindness or Disability group is one to whom this disregard applies. If the disregard does not apply to this group, remove the disregard from this group's reviewable unit.</p> <p>We require clarification on the resource disregard named "One and one half times the effective income threshold." This disregard is not currently included in the state plan at Supplement 8b to Attachment 2.6-A. Please clarify whether this is a disregard or if it is a description of the methodology used to calculate the Medically Needy Resource Level. If it is not intended to disregard an amount beyond the MNRL, remove the disregard from this group's reviewable unit.</p>	Section 1902(a)(10)(C) of the Social Security Act	<p>typo. The disregard for "equity value of income-producing property" is applicable to SSI-R MN groups. This disregard should apply to the Medically Needy Populations Based on Age, Blindness or Disability group.</p> <p>Response: This is a description of the methodology used to the calculated the Medically Needy Resource Level. This description has been removed from this group's reviewable unit and the MNRL has been updated to the 2023 level.</p>

Submission Package was updated by the State in accordance with the response above

- Yes
- No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID N/A

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
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 | NY2022MS00180 | NY-23-0001

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SPA ID and Effective Date

SPA ID NY-23-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2023	NY-22-0016
Medically Needy Resource Level	1/1/2023	NY-22-0016
Mandatory Eligibility Groups	1/1/2023	NY-19-0009
Qualified Medicare Beneficiaries	1/1/2023	#10-15
Specified Low Income Medicare Beneficiaries	1/1/2023	#10-15
Qualifying Individuals	1/1/2023	#10-15
Optional Eligibility Groups	1/1/2023	NY-20-0009
Ticket to Work Basic	1/1/2023	#11-44 , #03-11
Ticket to Work Medical Improvements	1/1/2023	#11-44 , #03-11
Medically Needy Pregnant Women	1/1/2023	#03-11, #03-0053
Medically Needy Children under Age 18	1/1/2023	#03-11
Protected Medically Needy Individuals Who Were Eligible in 1973	1/1/2023	#03-11
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2023	#03-11, #88-35
Medically Needy Parents and Other Caretaker Relatives	1/1/2023	#03-11
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2023	#03-11, #11-79

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 138% and the Qualified Individual eligibility level to greater than 138% FPL to 186% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in New York. The income level used for the Medically Needy program will be increased to 138% FPL, instead of a dollar amount calculated annually. The resource levels for the Medically Needy program will continue to be calculated at one and half times the annual income level for households of one and two. The resource limit for the Ticket to Work Basic Group and the Ticket to Work Medical Improvement Group will be brought into alignment with the resource limits for the Medically Needy program.

Federal Budget Impact and Statute/Regulation Citation






Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$15345000
Second	2024	\$20460000

Federal Statute / Regulation Citation

MSP - 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), 1905(p)
 MN - 1902(a)(10)(C), 1902(r)(2), 1905(w)
 TWIIA - 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (23-0001) (11-16-22)	12/30/2022 9:36 AM EST	
SPA Fiscal BackUP (23-0001) (11-21-22)	12/30/2022 9:36 AM EST	
Authorizing Provisions (23-0001) (11-16-22)	12/30/2022 9:36 AM EST	
HCFA 179 (23-0001) (CMS 12-30-22)	12/30/2022 9:40 AM EST	
Original Submission Letter (23-0001) (CMS 12-30-22)	12/30/2022 9:40 AM EST	

1 - 5 of 5

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Package ID NY2022MS00180
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Governor's Office Review

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

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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 Source Type Submission Package
Medically Needy Income Level	APPROVED

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Submission Type Official
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Superseded SPA ID N/A

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Effective Date 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 | NY2022MS00180 | NY-23-0001

Package Header

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Submission Type Official	Initial Submission Date 12/30/2022
Approval Date 10/23/2023	Effective Date N/A
Superseded SPA ID N/A	

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:
12/15/2022	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:
12/15/2022	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 (23-0001) (Summary) (12-15-22)	12/23/2022 11:17 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 | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID NY-22-0016
 System-Derived

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

A. Income Level Used

- The state employs a single income level for the medically needy.
- 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	\$934.00
2	\$1367.00
3	\$1572.00
4	\$1777.00
5	\$1982.00
6	\$2187.00
7	\$2392.00
8	\$2597.00
9	\$2802.00
10	\$3007.00

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

- Yes
 No

Incremental Amount:
 \$205.00

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

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Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	NY-22-0016		
	System-Derived		

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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C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180

Submission Type Official

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Superseded SPA ID NY-22-0016

System-Derived

SPA ID NY-23-0001

Initial Submission Date 12/30/2022

Effective Date 1/1/2023

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 | NY2022MS00180 | NY-23-0001

Package Header

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SPA ID NY-23-0001
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B. Resource Level Used

The level used is:

Household size	Standard
2	\$40821.00
1	\$30182.00

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

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Effective Date 1/1/2023

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Submission Type Official
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Superseded SPA ID NY-19-0009
 System-Derived

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

Mandatory Coverage










A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	NY-19-0009		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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Superseded SPA ID	#10-15		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Percentage of the maximum	An income disregard of 38% of the maximum income standard for the group is applied.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualified Medicare Beneficiaries

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID #10-15
User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID #10-15
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SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID NY2022MS0018O
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Approval Date 10/23/2023
Superseded SPA ID #10-15
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SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID #10-15
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SPA ID NY-23-0001
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F. Additional Information (optional)

SLIMB is being subsumed into to the QMB group due to the requested expansion.

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID #10-15
 User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Percentage of the maximum	An income disregard of 38% of the maximum income standard for the group is applied.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID #10-15
User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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Superseded SPA ID #10-15
User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

F. Additional Information (optional)

The income standard for this group will be 186% Federal Poverty Level.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	NY-20-0009		
	System-Derived		











A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.






Yes No













The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	NY-20-0009		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED




Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID NY-20-0009
System-Derived

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date 10/23/2023
Superseded SPA ID #11-44 , #03-11
User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180

Submission Type Official

Approval Date 10/23/2023

Superseded SPA ID #11-44 , #03-11

User-Entered

SPA ID NY-23-0001

Initial Submission Date 12/30/2022

Effective Date 1/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

One motor vehicle

More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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Superseded SPA ID #11-44 , #03-11
User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$30182.00
Couple \$40821.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#11-44 , #03-11		
	User-Entered		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180

Submission Type Official

Approval Date 10/23/2023

Superseded SPA ID #11-44 , #03-11

User-Entered

SPA ID NY-23-0001

Initial Submission Date 12/30/2022

Effective Date 1/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

One motor vehicle

More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

250.00% FPL

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date 1/1/2023

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$30182.00

Couple \$40821.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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SPA ID NY-23-0001
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Effective Date 1/1/2023

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Initial Submission Date 12/30/2022
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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	10/23/2023	Effective Date	1/1/2023
Superseded SPA ID	#03-11, #03-0053		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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Superseded SPA ID #03-11, #03-0053
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SPA ID NY-23-0001
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Effective Date 1/1/2023

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL:
 - Between the medically needy income limit and a percentage of the FPL: **FPL 138.00%**
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	In determining eligibility for NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process. * These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers.

Name of methodology:

Description:

Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private benefits paid by a selected insurance carrier on behalf of the applicant.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL:
 - Between the medically needy income limit and a percentage of the FPL: **FPL 138.00%**
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	Income - In determining eligibility for NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process. *These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers.

Name of methodology:

Description:

Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals who were eligible as medically needy in 1973 based on blindness or disability, and who have been continuously eligible since that time.

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The state operates the Protected Medically Needy Individuals Who Were Eligible in 1973 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Were eligible as medically needy in December 1973 on the basis of the blindness or disability criteria of the AB, APTD, or AABD plan.
2. For each consecutive month after December 1973, continue to meet:
 - a. Those blindness or disability criteria; and
 - b. The eligibility requirements for the medically needy under the December 1973 plan.
3. Meet all current requirements as medically needy, except for the blindness or disability criteria.

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Additional Information (optional)

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
 - i. Under age 21
 - ii. Under age 20
 - iii. Under age 19
- 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Superseded SPA ID	#03-11, #88-35		
	User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL:
 - Between the medically needy income limit and a percentage of the FPL: **FPL 138.00%**
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post

Name of methodology:

Description:

eligibility treatment of income process.
 * These are Partnership qualified long-term care policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

4. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

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Superseded SPA ID	#03-11		
	User-Entered		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Initial Submission Date 12/30/2022
Effective Date 1/1/2023

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL:
 - Between the medically needy income limit and a percentage of the FPL: **FPL 138.00%**
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single individual. This disregard will not be applied during the post eligibility treatment of income process. * These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and

Name of methodology:

Description:

requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.

3. Less restrictive methodologies are used in calculating countable resources. Yes No

The less restrictive resource methodologies are:

 All resources are disregarded. No resource test is applied. A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:

- a. Are age 65 or older;
- b. Have blindness; or
- c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

- Yes No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 138.00%

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census actives is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income Disregard for NYSSPLTC policy holders	NYSSPLTC policyholders* who have satisfied the minimum duration requirements of their policy, disregard an amount of income equal to the Minimum Monthly Maintenance Needs Allowance for a married policyholder, and one-half of that amount for a single

Name of methodology:	Description:
	<p>individual. This disregard will not be applied during the post eligibility treatment of income process.</p> <p>* These are Partnership qualified long-term case policies meeting New York State's guidelines and are available from selected insurance carriers. Policies must guarantee certain standards and requirements and will carry the project logo to identify them as meeting the necessary standards and requirements for participation in this public/private partnership. If purchasers utilize the minimum required benefits under the private insurance policy, they will be enrolled in a special State Medicaid program. Under this program, the Medicaid applicant either will not be subject to a resource test as usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan, or will be subject to a more limited resource test different than usually required under 42 CFR 435.840 and 42 CFR 435.841, and as otherwise specified in New York State's Title XIX State Plan that is based on the disregard of an amount of resources equal to the amount of private insurance benefits paid by a selected insurance carrier on behalf of the applicant.</p>

c. Less restrictive methodologies are used in calculating countable resources.

Yes No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Resources reduced to the allowable level	<p>Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.</p> <p>This differs from federal policy</p>

Name of disregard:	Description:
Savings of individuals under age 21	which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.
Trust funds for individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded. Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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G. Additional Information (optional)

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