



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

NOV 16 2016

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #17-0014

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #17-0014 to the Title XIX (Medicaid) State Plan effective December 1, 2016 (Appendix I).

A summary of the plan amendment is provided in Appendix II. Copies of pertinent sections of proposed federal statute are enclosed for your information (Appendix III).

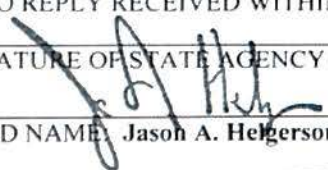
In keeping with our continued agreement, this amendment is being sent to you prior to the end of the first quarter.

If you or your staff have any questions or need any assistance, please contact the State Plan Amendment unit at (518) 486-7164

Sincerely,

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0014	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 1, 2016	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: §1902(e)(14)(A)		7. FEDERAL BUDGET IMPACT: <i>(in thousands)</i> a. FFY 12/01/16-09/30/17 \$ 445,197.96 b. FFY 10/01/17-09/30/18 \$ 594,148.48	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A: Page 27,28,29,30,31,32,33,34,35,36,37,38		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :	
10. SUBJECT OF AMENDMENT: Income Determination – Public Benefit Program to Support Medicaid Determinations (FMAP = tiered)			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: NOV 16 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2016 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

SNAP
 TANF
 Other Means-Tested Program: _____

In electing this option, the state assures that it:

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

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

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

(2) SNAP-Specific Criteria

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

Initial application
 Renewal of Medicaid eligibility

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

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

- Yes
 No

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

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

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

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

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

(3) TANF-Specific Criteria

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

- Initial application
- Renewal of Medicaid eligibility

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

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

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

Yes
 No

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

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

Yes. Description:

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

No

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

(ii) Collection of Information to Determine Eligibility

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

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

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

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

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

√Other. Description:

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

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

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

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

- ___ Initial application
- ___ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

- (c) No one in the household for the [means tested benefit program] has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.

- (d) No one in the household for the [means tested benefit program] is part of a tax household that includes an individual who lives outside the home.

- (e) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or

 - o Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York**

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

Yes. Description:

No

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York

SECTION 2- COVERAGE AND ELIGIBILITY

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

(iii) Collection of Information to Determine Eligibility

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

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

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

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF New York

SECTION 2- COVERAGE AND ELIGIBILITY

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

- (c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
- The household applies for Medicaid by requesting a Medicaid determination through the application for the means-tested benefit program.
 - The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for the means tested benefit program.
 - Individuals are sent a separate form for signature and return. . The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:

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

TN # 17-0014

Approval Date _____

Supersedes TN NEW

Effective Date _____

Appendix II
2016 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #17-0014

This State Plan Amendment proposes to use Temporary Assistance for Needy Families (TANF) option as the means tested public benefits program to support Medicaid eligibility determinations.

Appendix III
2016 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

(14)[44] INCOME DETERMINED USING MODIFIED ADJUSTED GROSS INCOME.—

(A) IN GENERAL.—Notwithstanding subsection (r) or any other provision of this title, except as provided in subparagraph (D), for purposes of determining income eligibility for medical assistance under the State plan or under any waiver of such plan and for any other purpose applicable under the plan or waiver for which a determination of income is required, including with respect to the imposition of premiums and cost-sharing, a State shall use the modified adjusted gross income of an individual and, in the case of an individual in a family greater than 1, the household income of such family. A State shall establish income eligibility thresholds for populations to be eligible for medical assistance under the State plan or a waiver of the plan using modified adjusted gross income and household income that are not less than the effective income eligibility levels that applied under the State plan or waiver on the date of enactment of the Patient Protection and Affordable Care Act. For purposes of complying with the maintenance of effort requirements under subsection (gg) during the transition to modified adjusted gross income and household income, a State shall, working with the Secretary, establish an equivalent income test that ensures individuals eligible for medical assistance under the State plan or under a waiver of the plan on the date of enactment of the Patient Protection and Affordable Care Act, do not lose coverage under the State plan or under a waiver of the plan. The Secretary may waive such provisions of this title and title XXI as are necessary to ensure that States establish income and eligibility determination systems that protect beneficiaries.