

|  |   |                      |
|--|---|----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><u>1 9 — 0 0 0 9</u>   | 2. STATE<br>New York |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)<br>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                      |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES          | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2019   |                      |

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

|  |  |
|--|--|
| 6. FEDERAL STATUTE/REGULATION CITATION<br>§1902(a)(10)(C)(i)(III) of the Social Security Act | 7. FEDERAL BUDGET IMPACT<br>a. FFY <u>01/01/19-09/30/19</u> \$ <u>6,601.67</u><br>b. FFY <u>10/01/19-09/30/20</u> \$ <u>8,802.22</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br>Attachment: MacPro portal SPA        | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><br>Attachment: MacPro portal SPA                     |

10. SUBJECT OF AMENDMENT  
2019 Medically Needy Income Levels (FMAP=50%)

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|   |  |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 16. RETURN TO<br>New York State Department of Health<br>Division of Finance and Rate Setting<br>99 Washington Ave – One Commerce Plaza<br>Suite 1432<br>Albany, NY 12210 |
| 13. TYPED NAME<br>Donna Frescatore  |  |
| 14. TITLE<br>Medicaid Director, Department of Health  |  |
| 15. DATE SUBMITTED<br>MAR 29 2019   |  |

**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**  
**2019 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

CMS-10434 OMB 0938-1188

### Package Information

|                                 |                               |
|---------------------------------|-------------------------------|
| <b>Package ID</b> NY2019MS0002D | <b>Submission Type</b> Draft  |
| <b>Program Name</b> N/A         | <b>State</b> NY               |
| <b>Version Number</b> 1         | <b>Region</b> New York, NY    |
|                                 | <b>Package Status</b> Pending |

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

#### Package Header

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>Package ID</b> NY2019MS0002D | <b>SPA ID</b> N/A                  |
| <b>Submission Type</b> Draft    | <b>Initial Submission Date</b> N/A |
| <b>Approval Date</b> N/A        | <b>Effective Date</b> N/A          |
| <b>Superseded SPA ID</b> 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 | NY2019MS0002D

#### Package Header

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>Package ID</b> NY2019MS0002D | <b>SPA ID</b> N/A                  |
| <b>Submission Type</b> Draft    | <b>Initial Submission Date</b> N/A |
| <b>Approval Date</b> N/A        | <b>Effective Date</b> N/A          |
| <b>Superseded SPA ID</b> N/A    |                                    |

#### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2019. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

#### Federal Budget Impact and Statute/Regulation Citation


##### Federal Budget Impact

|        | Federal Fiscal Year | Amount    |
|--------|---------------------|-----------|
| First  | 2019                | \$6601668 |
| Second | 2020                | \$8802225 |

##### Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

|                                    |                        |   |
|------------------------------------|------------------------|---|
| <b>Name</b>                        | <b>Date Created</b>    |  |
| FMG Fiscal Doc (19-0009) (2-12-19) | 2/12/2019 11:58 AM EST |   |

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

#### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2019MS0002D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

#### Governor's Office Review

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

### Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
  - Income/Resource Methodologies
  - Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

| Reviewable Unit Name  | Included in Another Submission Package | Source Type |
|---|--|-------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | <input type="radio"/>                  | NEW         |

MAGI-Based Methodologies

Non-MAGI Methodologies

|                      |   |             |
|----------------------|---|-------------|
| Reviewable Unit Name | Included in Another Submissions Package | Source Type |
|----------------------|---|-------------|

Non-MAGI Methodologies  NEW

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

|                      |   |             |
|----------------------|---|-------------|
| Reviewable Unit Name | Included in Another Submissions Package | Source Type |
|----------------------|---|-------------|

Medically Needy Income Level  NEW

Handling of Excess Income (Spendeddown)

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Handling of Excess Income (Spendedown)  NEW

Medically Needy Resource Level

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Reviewable Unit Name Source Type

Medically Needy Resource Level  NEW

Mandatory Eligibility Groups

Reviewable Unit Name Source Type  
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Mandatory Eligibility Groups  CONVERTED

Optional Eligibility Groups

| Reviewa | In | Source |
|---------|----|--------|
|         |    |        |

Optional Eligibility Groups  CONVERT ED

- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2019MS0002D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | 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 | NY2019MS0002D

### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2019MS0002D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

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

- Yes
- No

## Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

#### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2019MS0002D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | 18-0006       |                                |     |
|                          | User-Entered  |                                |     |

#### 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              | \$10300.00 |
| 2              | \$15200.00 |
| 3              | \$17480.00 |
| 4              | \$19760.00 |
| 5              | \$22040.00 |
| 6              | \$24320.00 |
| 7              | \$26600.00 |
| 8              | \$28880.00 |
| 9              | \$31160.00 |
| 10             | \$33440.00 |

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

- Yes  
 No

**Incremental Amount:**  
 \$2280.00

The dollar amounts increase automatically each year

- Yes  
 No

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

#### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2019MS0002D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | 18-0006       |                                |     |
|                          | User-Entered  |                                |     |

#### 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

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2019MS0002D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | 18-0006       |                                |     |
|                          | User-Entered  |                                |     |

### C. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 2/12/2019 11:59 AM EST*

**Appendix II**  
**2019 Title XIX State Plan**  
**First Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #19-0009**

This State Plan Amendment proposes to revise Medically Needy Income Levels for 2019.

**Appendix III**  
**2019 Title XIX State Plan**  
**First Quarter Amendment**  
**Authorizing Provisions**

SPA  
19-0009

**New York State Social Services Law – Section 131-o**

§ 131-o. Personal allowances accounts.

1. Each individual receiving family care, residential care or care in a school for the mentally retarded, or enhanced residential care as those terms are defined in section two hundred nine of this chapter, and who is receiving benefits under the program of additional state payments pursuant to this chapter while receiving such care, shall be entitled to a monthly personal allowance out of such benefits in the following amount:

(a) in the case of each individual receiving family care, an amount equal to at least \$141.00 for each month beginning on or after January first, two thousand seventeen.

(b) in the case of each individual receiving residential care, an amount equal to at least \$163.00 for each month beginning on or after January first, two thousand seventeen.

(c) in the case of each individual receiving enhanced residential care, an amount equal to at least \$194.00 for each month beginning on or after January first, two thousand seventeen.

(d) for the period commencing January first, two thousand eighteen, the monthly personal needs allowance shall be an amount equal to the sum of the amounts set forth in subparagraphs one and two of this paragraph:

(1) the amounts specified in paragraphs (a), (b) and (c) of this subdivision; and

(2) the amount in subparagraph one of this paragraph, multiplied by the percentage of any federal supplemental security income cost of living adjustment which becomes effective on or after January first, two thousand eighteen, but prior to June thirtieth, two thousand eighteen, rounded to the nearest whole dollar.

**New York State Social Services Law – Section 366**

§ 366. Eligibility

1. [4<sup>th</sup>/cd, L 2013] (a) Definitions. For purposes of this section:

(1) "benchmark coverage" refers to medical assistance coverage defined in subdivision one of section three hundred sixty-five-a of this title;

(c) Non-MAGI eligibility groups. Individuals listed in this paragraph are eligible for standard coverage. Where a financial eligibility determination must be made by the medical assistance program for individuals in these groups, such financial eligibility will be determined in accordance with subdivision two of this section.

(1) An individual receiving or eligible to receive federal supplemental security income payments and/or additional state payments pursuant to title six of this article; any inconsistent provision of this chapter or other law notwithstanding, the department may designate the office of temporary and disability assistance as its agent to discharge its responsibility, or so much of its responsibility as is permitted by federal law, for determining eligibility for medical assistance with respect to persons who are not eligible to receive federal supplemental security income payments but who are receiving a state administered supplementary payment or mandatory

minimum supplement in accordance with the provisions of subdivision one of section two hundred twelve of this article.

(2) An individual who, although not receiving public assistance or care for his or her maintenance under other provisions of this chapter, has income and resources, including available support from responsible relatives, that does not exceed the amounts set forth in paragraph (a) of subdivision two of this section, and is (i) sixty-five years of age or older, or certified blind or certified disabled or (ii) for reasons other than income or resources, is eligible for federal supplemental security income benefits and/or additional state payments.

(3) An individual who, although not receiving public assistance or care for his or her maintenance under other provisions of this chapter, has income, including available support from responsible relatives, that does not exceed the amounts set forth in paragraph (a) of subdivision two of this section, and is (i) under the age of twenty-one years, or (ii) a spouse of a cash public assistance recipient living with him or her and essential or necessary to his or her welfare and whose needs are taken into account in determining the amount of his or her cash payment, or (iii) for reasons other than income, would meet the eligibility requirements of the aid to dependent children program as it existed on the sixteenth day of July, nineteen hundred ninety-six.

2. (a) The following income and resources shall be exempt and shall not be taken into consideration in determining a person's eligibility for medical care, services and supplies available under this title:

(1) (i) for applications for medical assistance filed on or before December thirty-first, two thousand five, a homestead which is essential and appropriate to the needs of the household;

(ii) for applications for medical assistance filed on or after January first, two thousand six, a homestead which is essential and appropriate to the needs of the household; provided, however, that in determining eligibility of an individual for medical assistance for nursing facility services and other long term care services, the individual shall not be eligible for such assistance if the individual's equity interest in the homestead exceeds seven hundred fifty thousand dollars; provided further, that the dollar amount specified in this clause shall be increased, beginning with the year two thousand eleven, from year to year, in an amount to be determined by the secretary of the federal department of health and human services, based on the percentage increase in the consumer price index for all urban consumers, rounded to the nearest one thousand dollars. If such secretary does not determine such an amount, the department of health shall increase such dollar amount based on such increase in the consumer price index. Nothing in this clause shall be construed as preventing an individual from using a reverse mortgage or home equity loan to reduce the individual's total equity interest in the homestead. The home equity limitation established by this clause shall be waived in the case of a demonstrated hardship, as determined pursuant to criteria established by such secretary. The home equity limitation shall not apply if one or more of the following persons is lawfully residing in the individual's homestead: (A) the spouse of the individual; or (B) the individual's child who is under the age of twenty-one, or is blind or permanently and totally disabled, as defined in section 1614 of the federal social security act.

(2) essential personal property;

(3) a burial fund, to the extent allowed as an exempt resource under the cash assistance program to which the applicant is most closely related;

(4) savings in amounts equal to one hundred fifty percent of the income amount permitted under subparagraph seven of this paragraph, provided, however, that the amounts for one and two person households shall not be less than the amounts permitted to be retained by households of the same size in order to qualify for benefits under the federal supplemental security income program;

(5) (i) such income as is disregarded or exempt under the cash assistance program to which the applicant is most closely related for purposes of this subparagraph, cash assistance program means either the aid to dependent children program as it existed on the sixteenth day of July, nineteen hundred ninety-six, or the supplemental security income program; and

(ii) [Added 2007] such income of a disabled person (as such term is defined in section 1614(a)(3) of the federal social security act (42 U.S.C. section 1382c(a)(3)) or in accordance with any other rules or regulations established by the social security administration), that is deposited in trusts as defined in clause (iii) of subparagraph two of paragraph (b) of this subdivision in the same calendar month within which said income is received;

(6) health insurance premiums;

(7) income based on the number of family members in the medical assistance household, as defined in regulations by the commissioner consistent with federal regulations under title XIX of the federal social security act and calculated as follows:

(i) The amounts for one and two person households and families shall be equal to twelve times the standard of monthly need for determining eligibility for and the amount of additional state payments for aged, blind and disabled persons pursuant to section two hundred nine of this article rounded up to the next highest one hundred dollars for eligible individuals and couples living alone, respectively.

(ii) [Added, L 2008] The amounts for households of three or more shall be calculated by increasing the income standard for a household of two, established pursuant to clause (i) of this subparagraph, by fifteen percent for each additional household member above two, such that the income standard for a three-person household shall be one hundred fifteen percent of the income standard for a two-person household, the income standard for a four-person household shall be one hundred thirty percent of the income standard for a two-person household, and so on.

(iii) No other income or resources, including federal old-age, survivors and disability insurance, state disability insurance or other payroll deductions, whether mandatory or optional, shall be exempt and all other income and resources shall be taken into consideration and required to be applied toward the payment or partial payment of the cost of medical care and services available under this title, to the extent permitted by federal law.

(7-a) An individual is eligible for benchmark coverage if his or her MAGI household income exceeds one hundred thirty-three percent of the federal poverty line for the applicable family size and he or she:

(i) was eligible or would have been eligible for the family health plus program without federal financial participation in the costs of medical care and services under such program; and

(ii) is not eligible to enroll in a qualified health plan offered through the state health benefit exchange established pursuant to the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152).

## New York State Social Services Law – Section 209

### § 209. Eligibility

2. The following amounts shall be the standard of monthly need for determining eligibility for and the amount of additional state payments, depending on the type of living arrangement and the geographic area in which the eligible individual or the eligible couple resides:

(a) On and after January first, two thousand seventeen, for an eligible individual living alone, \$822.00; and for an eligible couple living alone, \$1,207.00.

(b) On and after January first, two thousand seventeen, for an eligible individual living with others with or without in-kind income, \$758.00; and for an eligible couple living with others with or without in-kind income, \$1,149.00.

(c) On and after January first, two thousand seventeen, (i) for an eligible individual receiving family care, \$1,001.48 if he or she is receiving such care in the city of New York or the county of Nassau, Suffolk, Westchester or Rockland; and (ii) for an eligible couple receiving family care in the city of New York or the county of Nassau, Suffolk, Westchester or Rockland, two times the amount set forth in subparagraph (i) of this paragraph; or (iii) for an eligible individual receiving such care in any other county in the state, \$963.48; and (iv) for an eligible couple receiving such care in any other county in the state, two times the amount set forth in subparagraph (iii) of this paragraph.

(d) On and after January first, two thousand seventeen, (i) for an eligible individual receiving residential care, \$1,170.00 if he or she is receiving such care in the city of New York or the county of Nassau, Suffolk, Westchester or Rockland; and (ii) for an eligible couple receiving residential care in the city of New York or the county of Nassau, Suffolk, Westchester or Rockland, two times the amount set forth in subparagraph (i) of this paragraph; or (iii) for an eligible individual receiving such care in any other county in the state, \$1,140.00; and (iv) for an eligible couple receiving such care in any other county in the state, two times the amount set forth in subparagraph (iii) of this paragraph.

(e) (i) On and after January first, two thousand seventeen, for an eligible individual receiving enhanced residential care, \$1,429.00; and (ii) for an eligible couple receiving enhanced residential care, two times the amount set forth in subparagraph (i) of this paragraph.

(f) The amounts set forth in paragraphs (a) through (e) of this subdivision shall be increased to reflect any increases in federal supplemental security income benefits for individuals or couples which become effective on or after January first, two thousand eighteen but prior to June thirtieth, two thousand eighteen.