

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

|   |                      |
|---|----------------------|
| 1. TRANSMITTAL NUMBER<br><u>2 0 — 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) |                      |
| 4. PROPOSED EFFECTIVE DATE<br>January 1, 2020   |                      |

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

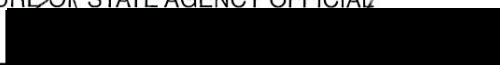
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

|  |  |
|--|--|
| 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>01/01/20-09/30/20</u> \$ <u>14,861.07</u><br>b. FFY <u>10/01/20-09/30/21</u> \$ <u>46,564.67</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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )<br><br>Attachment: MacPro portal SPA              |

10. SUBJECT OF AMENDMENT  
2020 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>March 27, 2020  |  |

**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**  
**2020 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

[Records](#) / [Submission Packages](#)

# NY - Submission Package - NY2020MS0001O - (NY-20-0009) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

|                       |               |                        |              |
|-----------------------|---------------|------------------------|--------------|
| <b>Package ID</b>     | NY2020MS0001O | <b>Submission Type</b> | Official     |
| <b>Program Name</b>   | N/A           | <b>State</b>           | NY           |
| <b>SPA ID</b>         | NY-20-0009    | <b>Region</b>          | New York, NY |
| <b>Version Number</b> | 1             | <b>Package Status</b>  | Pending      |

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | NY2020MS0001O | <b>SPA ID</b>                  | NY-20-0009 |
| <b>Submission Type</b>   | Official      | <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 | NY2020MS0001O | NY-20-0009

#### Package Header

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>Package ID</b> NY2020MS0001O | <b>SPA ID</b> NY-20-0009           |
| <b>Submission Type</b> Official | <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    |                                    |

#### SPA ID and Effective Date

**SPA ID** NY-20-0009

| Reviewable Unit   | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability |                         | NY-19-0009        |
| Non-MAGI Methodologies  |                         | NY-19-0009        |
| Medically Needy Income Level  |                         | NY-19-0009        |
| Handling of Excess Income (Spendedown)  |                         | NY-19-0009        |
| Medically Needy Resource Level  |                         | NY-19-0009        |
| Optional Eligibility Groups   |                         | NY-19-0009        |

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

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| <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, 2020. 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  | 2020                |        |
| Second | 2021                |        |

##### Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |
|--------------------|--------------|
| No items available |              |

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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| <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 | NY2020MS0001O | NY-20-0009

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"/>                  | APPROVED    |

MAGI-Based Methodologies

Non-MAGI Methodologies

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



Non-MAGI Methodologies  APPROVED

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

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

|                      |  |             |
|----------------------|--|-------------|
| Reviewable Unit Name | In<br>clu<br>de<br>d<br>in<br>An<br>ot<br>he<br>r<br>Su<br>b<br>mi<br>ssi<br>on<br>Pa<br>ck<br>ag<br>e | Source Type |
|----------------------|--|-------------|

Medically Needy Income Level  APPROVED

Handling of Excess Income (Spenddown)

|                      |  |             |
|----------------------|--|-------------|
| Reviewable Unit Name | In<br>clu<br>de<br>d<br>in<br>An<br>ot<br>he<br>r<br>Su<br>b<br>mi<br>ssi<br>on<br>Pa<br>ck<br>ag<br>e | Source Type |
|----------------------|--|-------------|

Handling of Excess Income (Spenddown)  APPROVED

Medically Needy Resource Level

Reviewable Unit Name

In  
clu  
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An  
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he  
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on  
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Source Type

Medically Needy Resource  
Level



APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

|                                |  |                |
|--------------------------------|--|----------------|
| Review<br>able<br>Unit<br>Name | In<br>clu<br>de<br>d<br>in<br>An<br>ot<br>he<br>r<br>Su<br>b<br>mi<br>ssi<br>on<br>Pa<br>ck<br>ag<br>e | Source<br>Type |
|--------------------------------|--|----------------|

Optional  
Eligibility  
Groups

APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | NY2020MS0001O | <b>SPA ID</b>                  | NY-20-0009 |
| <b>Submission Type</b>   | Official      | <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 | NY2020MS0001O | NY-20-0009

### Package Header

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| <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 Methodologies

#### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

|                          |                |                                |            |
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| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)
 

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)
 

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)
 

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

|                          |                |                                |            |
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|                          | System-Derived |                                |            |

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
- No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

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| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

## Non-MAGI Methodologies

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|                          | System-Derived |                                |            |

### D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No



## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

## Non-MAGI Methodologies

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|                          | System-Derived |                                |            |

### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

## Non-MAGI Methodologies

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|                          | System-Derived |                                |            |

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

|                          |                |                                |            |
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|                          | System-Derived |                                |            |

#### 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              | \$10500.00 |
| 2              | \$15400.00 |
| 3              | \$17710.00 |
| 4              | \$20020.00 |
| 5              | \$22330.00 |
| 6              | \$24640.00 |
| 7              | \$26950.00 |
| 8              | \$29260.00 |
| 9              | \$31570.00 |
| 10             | \$33880.00 |

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

- Yes  
 No

**Incremental Amount:**  
\$2310.00

The dollar amounts increase automatically each year

- Yes  
 No

## Medically Needy Income Level

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|                          | 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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|                          | System-Derived |                                |            |

### C. Additional Information (optional)

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

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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|                          | System-Derived |                                |            |

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

#### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
- b. More than one budget period, as described below:
  - i. Community budget period
  - ii. Institutional budget period
  - iii. Other budget period

Length of budget period:

- (1) 6 months
- (2) 5 months
- (3) 4 months
- (4) 3 months
- (5) 2 months
- (6) 1 month

| Name of other budget period: | Length of budget period: | Description:  |
|------------------------------|--------------------------|---|
| Hospital Inpatient           | (1) 6 months             | For coverage of an inpatient hospital bill the consumer must meet six months excess income. |

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | NY2020MS0001O  | <b>SPA ID</b>                  | NY-20-0009 |
| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | N/A        |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
- No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.



## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

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| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
  - i. At any time prior to the budget period.
  - ii. Prior to the third month before the month of application, but no earlier than:
  - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

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| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | NY2020MS0001O  | <b>SPA ID</b>                  | NY-20-0009 |
| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | N/A        |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

Yes

No

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | NY2020MS0001O  | <b>SPA ID</b>                  | NY-20-0009 |
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| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

Yes

No

1. The state provides all individuals with the option to pay-in their spenddown or to use incurred expenses for spenddown.
2. The state disburses to the individual amounts for services not covered under the state plan.
3. The state refunds unused pay-in amounts, as follows:
  - a. The state refunds unused pay-in amounts on a case-by-case basis.
  - b. The state applies unused pay-in amounts toward spenddown liability in a subsequent budget period on a case-by-case basis.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

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| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
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|                          | System-Derived |                                |            |

### G. Additional Information (optional)



## Medicaid State Plan Eligibility

### Income/Resource Standards

#### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
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| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | N/A        |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

#### A. Medically Needy Resource Level Structure

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

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

|   |                                    |
|---|------------------------------------|
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| <b>Submission Type</b> Official                       | <b>Initial Submission Date</b> N/A |
| <b>Approval Date</b> N/A                              | <b>Effective Date</b> N/A          |
| <b>Superseded SPA ID</b> NY-19-0009<br>System-Derived |                                    |

#### B. Resource Level Used

The level used is:

| Household size | Standard   |
|----------------|------------|
| 2              | \$23100.00 |
| 1              | \$15750.00 |

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

- Yes
- No



## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |                |                                |            |
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| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### C. Additional Information (optional)

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

#### Package Header

|   |                                    |
|---|------------------------------------|
| <b>Package ID</b> NY2020MS0001O                       | <b>SPA ID</b> NY-20-0009           |
| <b>Submission Type</b> Official                       | <b>Initial Submission Date</b> N/A |
| <b>Approval Date</b> N/A                              | <b>Effective Date</b> N/A          |
| <b>Superseded SPA ID</b> NY-19-0009<br>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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Reasonable Classifications of Individuals under Age 21      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Children with Non-IV-E Adoption Assistance                  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |
| Independent Foster Care Adolescents                         |  | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Eligible for Family Planning Services           |  | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="radio"/>                  | NEW   |
| Individuals Eligible for Cash Except for Institutionalization  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="radio"/>                  | NEW   |
| Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules                      |    | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="radio"/>                  | NEW   |
| Optional State Supplement Beneficiaries  |    | <input checked="" 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   |
| PACE Participants  |    | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="radio"/>                  | NEW   |
| Ticket to Work Medical Improvements  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="radio"/>                  | NEW   |
| 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 | NY2020MS0001O | NY-20-0009

### Package Header

|                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>Package ID</b> NY2020MS0001O     | <b>SPA ID</b> NY-20-0009           |
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| <b>Superseded SPA ID</b> NY-19-0009 |                                    |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Medically Needy Children under Age 18 |  | <input checked="" 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 ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Protected Medically Needy Individuals Who Were Eligible in 1973 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

### 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Medically Needy Parents and Other Caretaker Relatives                  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group Name  |   | Covered In State Plan               | Include RU In Package <a href="#">?</a> | Included in Another Submission Package | Source Type <a href="#">?</a> |
|---|---|-------------------------------------|---|--|-------------------------------|
| Medically Needy Populations Based on Age, Blindness or Disability |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                | <input type="radio"/>                  | NEW                           |

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | NY2020MS0001O  | <b>SPA ID</b>                  | NY-20-0009 |
| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | N/A        |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | NY-19-0009     |                                |            |
|                          | System-Derived |                                |            |

### C. Additional Information (optional)

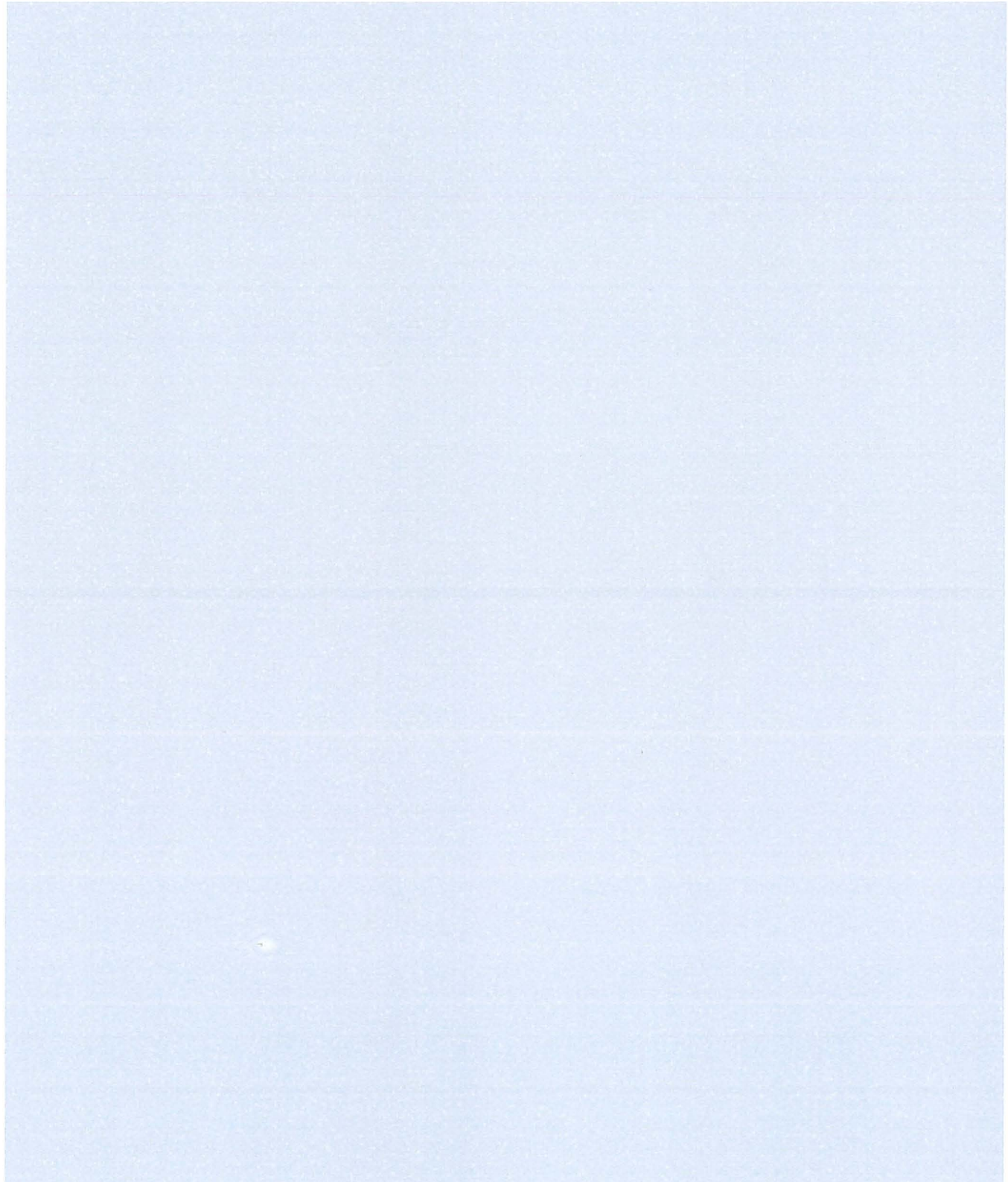
#### Eligibility Groups Deselected from Coverage

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

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**Appendix II**  
**2020 Title XIX State Plan**  
**First Quarter Amendment**  
**Summary**



**SUMMARY**  
**SPA #20-0009**

This State Plan Amendment proposes to revise the Medically Needy income levels, effective January 1, 2020. 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.

**Appendix III**  
**2020 Title XIX State Plan**  
**First Quarter Amendment**  
**Authorizing Provisions**

## **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.