

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 6

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

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

4. PROPOSED EFFECTIVE DATE

January 01, 2021

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
§1902(a)(10)(C)(i)(III) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 01/01/21-09/30/21 \$ 8,108.03

b. FFY 10/01/21-09/30/22 \$ 25,405.17

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: MacPro Portal SPA

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment: MacPro Portal SPA

10. SUBJECT OF AMENDMENT

2021 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

16. RETURN TO

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

Mach 30, 2021

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
2021 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

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

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

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2021MS0002O	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY-21-0016	Region	New York, NY
Version Number	1	Package Status	Submitted
Submitted By	Jennifer Yungandreas	Submission Date	3/30/2021
		Regulatory Clock	89 days remain
		Review Status	Review 1

Submission - Summary

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

Package Header

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Superseded SPA ID N/A

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

Reviewable Unit Instructions

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid
 CHIP

Submission - Summary

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

Package Header

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Superseded SPA ID N/A

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

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID NY-21-0016

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

Submission - Summary

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

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

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

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

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

Submission - Summary

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

Package Header

Package ID NY2021MS0002O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

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

Reviewable Unit Instructions

Governor's Office Review

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

Submission - Medicaid State Plan

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

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

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

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

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

Medically Needy Resource
Level

- Mandatory Eligibility Groups
- Optional Eligibility Groups
- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

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

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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

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

Submission - Tribal Input

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

Package Header

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

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

Reviewable Unit Instructions

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

Yes
 No

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

Yes
 No

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

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

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

All Indian Health Programs

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

All Urban Indian Organizations

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

All Indian Tribes

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

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

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

Indicate the key issues raised (optional)

Access

Quality

Cost

Payment methodology

Eligibility

Benefits

Service delivery

Other issue

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

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

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	1/1/2021
Superseded SPA ID	NY-20-0009		
	System-Derived		

Reviewable Unit Instructions

A. Income Level Used

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

Yes
 No

3. The level used is:

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

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

Yes
 No

Incremental Amount:
\$2340.00

The dollar amounts increase automatically each year

Yes
 No

Medically Needy Income Level

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

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	1/1/2021
Superseded SPA ID	NY-20-0009 System-Derived		

Reviewable Unit Instructions

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 | NY2021MS00020 | NY-21-0016

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	1/1/2021
Superseded SPA ID	NY-20-0009 System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

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

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	1/1/2021
Superseded SPA ID	NY-20-0009		
	System-Derived		

Reviewable Unit Instructions

A. Medically Needy Resource Level Structure

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

Medically Needy Resource Level

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

Package Header

Package ID NY2021MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID NY-20-0009
System-Derived

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

Reviewable Unit Instructions

B. Resource Level Used

The level used is:

Household size	Standard
2	\$23400.00
1	\$15900.00

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

- Yes
 No

Medically Needy Resource Level

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

Package Header

Package ID	NY2021MS00020	SPA ID	NY-21-0016
Submission Type	Official	Initial Submission Date	3/30/2021
Approval Date	N/A	Effective Date	1/1/2021
Superseded SPA ID	NY-20-0009 System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

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

This view was generated on 3/31/2021 8:02 AM EDT

Appendix II
2021 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #21-0016

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

Appendix III
2021 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. [4th/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.