



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

March 29, 2024

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #24-0059

Dear Mr. Scott:

The State requests approval of the enclosed amendment #24-0059 to the Title XIX (Medicaid) State Plan effective January 1, 2024 (Appendix I).

A summary of the plan amendment is provided in Appendix II. A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III).

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

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 5 9</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§ 1902(a)(10)(C)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 01/01/24-09/30/24 \$ 8,790,337
b. FFY 10/01/24-09/30/25 \$ 27,543,057

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: MacPro Portal SPA

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment: MacPro Portal SPA

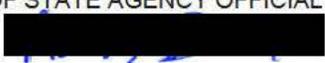
9. SUBJECT OF AMENDMENT

2024 Medically Needy Resource Level

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED **March 29, 2024**

15. 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

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

20. TYPED NAME OF APPROVING OFFICIAL

19. SIGNATURE OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2024 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

NY - Submission Package - NY2024MS0001O - (NY-24-0059) - Eligibility

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

CMS 10434 OMB 0938 1188

Package Information

Package ID NY2024MS0001O
Program Name N/A
SPA ID NY-24-0059
Version Number 1
Submitted By Jennifer Yungandreas

Submission Type Official
State NY
Region New York, NY
Package Status Submitted
Submission Date 3/29/2024
Regulatory Clock 90 days remain
Review Status Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O

SPA ID NY 24 0059

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date N/A

Effective Date N/A

Superseded SPA ID 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 | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID NY-24-0059
Initial Submission Date 3/29/2024
Effective Date N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID NY-24-0059

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Resource Level	1/1/2024	NY 23 0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID NY-24-0059
Initial Submission Date 3/29/2024
Effective Date N/A

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to update the Medically Needy resource levels. The resource levels for the Medically Needy program will continue to be calculated at one and half times the effective annual income threshold for households of one and two.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$8790337
Second	2025	\$27543057

Federal Statute / Regulation Citation

1902(a)(10)(C)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (24-0059) (3-5-24)	3/5/2024 2:48 PM EST	
2024 Placeholder Budget Fiscal Methodology 2022 (24-0059)	3/5/2024 2:49 PM EST	
Authorizing Provisions (24-0059) (3-1-24)	3/5/2024 2:49 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID NY-24-0059
Initial Submission Date 3/29/2024
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 | NY2024MS0001O | NY-24-0059

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

Handling of Excess Income (Spendedown)

Medically Needy Resource Level

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

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

SPA ID NY 24 0059

Initial Submission Date 3/29/2024

Effective Date 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 | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O

SPA ID NY 24 0059

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date N/A

Effective Date N/A

Superseded SPA ID 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:
3/14/2024	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:
3/14/2024	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 (24-0059) (Summary) (3-14-24)	3/14/2024 1:08 PM EDT	

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 Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY 24 0059

Package Header

Package ID NY2024MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID NY 23 0001
System Derived

SPA ID NY-24-0059
Initial Submission Date 3/29/2024
Effective Date 1/1/2024

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 | NY2024MS0001O | NY-24-0059

Package Header

Package ID NY2024MS0001O
Submission Type Official
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SPA ID NY-24-0059
Initial Submission Date 3/29/2024
Effective Date 1/1/2024

Reviewable Unit Instructions

B. Resource Level Used

The level used is:

Household size	Standard
1	\$31175.00
2	\$42312.00

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

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001O | NY-24-0059

Package Header

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SPA ID NY-24-0059
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Effective Date 1/1/2024

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 3/29/2024 9:18 AM EDT

Appendix II
2024 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #24-0059

This State Plan Amendment proposes to update the Medically Needy resource levels. The resource levels for the Medically Needy program will continue to be calculated at one and half times the effective annual income threshold for households of one and two.

Appendix III
2024 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

SPA 24-0059

§ 366.1(c)(2)

(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.

(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.

§ 366.1(b)(2)(d)

(d) Resource eligibility shall be established in accordance with the requirements of paragraph (a) of this subdivision.

(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)(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;