

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Jacob K. Javits Federal Building  
26 Federal Plaza  
Room 37-100  
New York, New York 10278-0063



CC:  
John Ubelg  
Karla K  
FYI

2

June 26, 2012

Jason A. Helgeson, Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower—Room 1441  
Empire State Plaza  
Albany, New York 12237

RECEIVED

JUL 16 2012

NYS DOH-OFFICE OF  
HEALTH INSURANCE PROGRAMS

M-447

Dear Mr. Helgeson:

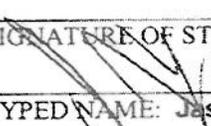
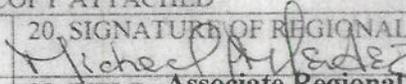
We have completed our review of New York State Plan Amendment submittal 12-06, "Medically Needy Income Levels (FMAP = 50%)" and find it acceptable for incorporation into New York's Medicaid Plan, effective January 1, 2012. Enclosed please find copies of State Plan Amendment 12-06 and Form CMS-179.

If you have any questions or wish to discuss this further, please contact Kanoena Cook of my staff at 212-616-2210.

Sincerely,

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>12-06</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2012</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a)(10)(C)(i)(III) of the Social Security Act Section 1902(r)(2) of the Social Security Act Section 1905(w) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/12-09/30/12 \$ 7,060,300 b. FFY 10/01/12-09/30/13 \$ 9,413,734	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supp 1 to Att 2.6-A: Pages 8, 9</b>  <b>**SEE REMARKS BELOW</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supp 1 to Att 2.6-A: Pages 8, 9</b>	
10. SUBJECT OF AMENDMENT: <b>Medically Needy Income Levels (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>March 30, 2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>June 26, 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2012</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>** By means of this SPA New York State proposes, as of January 1, 2012, to revise the Medically Needy Income levels. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels of households of 3 or higher, 15% per additional 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.</b>			

**OFFICIAL**

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

**Income Levels (Continued)**

**D. Medically Needy**

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified 42 CFR 435.1007
	<input type="checkbox"/> Urban Only <input type="checkbox"/> Urban & Rural			
1	[\$ 9,200] <u>\$ 9,500</u>	\$	\$	\$
2	[\$13,400] <u>\$13,900</u>	\$	\$	\$
3	[\$15,410] <u>\$15,985</u>	\$	\$	\$
4	[\$17,420] <u>\$18,070</u>	\$	\$	\$

TN#: 12-06

Approval Date: JUN 26 2012

Supersedes TN#: 09-38

Effective Date: JAN 01 2012

**OFFICIAL**

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

**Income Levels (Continued)**

**D. Medically Needy**

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	_____ Urban Only _____ Urban & Rural			
5	[\$19,430] <u>\$20,155</u> \$	\$	\$	.
6	[\$21,440] <u>\$22,240</u> \$	\$	\$	.
7	[\$23,450] <u>\$24,325</u> \$	\$	\$	.
8	[\$25,460] <u>\$26,410</u> \$	\$	\$	.
9	[\$27,470] <u>\$28,495</u> \$	\$	\$	.
10	[\$29,480] <u>\$30,580</u> \$	\$	\$	.
For each additional Person add	[\$2,010] <u>\$2,085</u> \$	\$	\$	.

TN#: 12-06 Approval Date: JUN 26 2012  
Supersedes TN#: 09-38 Effective Date: JAN 01 2012