

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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September 18, 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

Dear Mr. Helgeson:

We have completed our review of New York State Plan Amendment submittal 11-91, "Express Lane Eligibility (FMAP = 50%)" and find it acceptable for incorporation into New York's Medicaid Plan, effective May 1, 2012. Enclosed please find copies of State Plan Amendment 11-91 and Form CMS-179.

Please note that as requested, we have substituted the originally submitted plan pages with the revised plan pages submitted to our office via e-mail on September 12, 2012. We have also made a pen and ink change of the CMS-179 where it indicates in block 8 "Section 1" and changed it to "Section 2" per our email agreement on September 12, 2012.

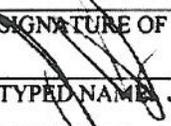
If you have any questions or wish to discuss this further, please contact Kanoena Cook of my staff at 212-616-2210.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Melendez". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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:<br>#11-91                                                                                            | 2. STATE<br>New York |
| FOR: HEALTH CARE FINANCING ADMINISTRATION                                                                                                                                                                                                                                                                  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)                                                  |                      |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                              |  | 4. PROPOSED EFFECTIVE DATE<br>May 1, 2012                                                                                   |                      |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><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:<br>Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3                                                                                                                                                                      |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 05/01/12-09/30/12 \$5.25M<br>b. FFY 10/01/12-09/30/13 \$12.6M                           |                      |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>2<br>Section 4: Page 11b, 11c, 11d<br><br>**SEE REMARKS BELOW                                                                                                                                                                                         |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):                                                |                      |
| 10. SUBJECT OF AMENDMENT:<br>Express Lane Eligibility<br>(FMAP = 50%)                                                                                                                                                                                                                                      |  |                                                                                                                             |                      |
| 11. GOVERNOR'S REVIEW (Check One):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> 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>Corning Tower<br>Empire State Plaza<br>Albany, New York 12237      |                      |
| 13. TYPED NAME: Jason A. Helgerson                                                                                                                                                                                                                                                                         |  |                                                                                                                             |                      |
| 14. TITLE: Medicaid Director & Deputy Commissioner<br>Department of Health                                                                                                                                                                                                                                 |  |                                                                                                                             |                      |
| 15. DATE SUBMITTED: June 20, 2012                                                                                                                                                                                                                                                                          |  |                                                                                                                             |                      |
| <b>FOR REGIONAL OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                        |  |                                                                                                                             |                      |
| 17. DATE RECEIVED:                                                                                                                                                                                                                                                                                         |  | 18. DATE APPROVED: September 18, 2012                                                                                       |                      |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>                                                                                                                                                                                                                                                                   |  |                                                                                                                             |                      |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>May 01, 2012                                                                                                                                                                                                                                                   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |                      |
| 21. TYPED NAME:<br>Michael Melendez                                                                                                                                                                                                                                                                        |  | 22. TITLE:<br>Associate Regional Administrator<br>Division of Medicaid and State Operations                                 |                      |
| 23. REMARKS:<br><br>**                                                                                                                                                                                                                                                                                     |  |                                                                                                                             |                      |

**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: New York

**Medical Assistance Program  
Page 11b**

**SECTION 2 – COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued)**

1902(e)(13) of the Act

(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane option is applied to:

Initial determinations  
 Both

Redeterminations

(2) A child is defined as younger than age:

19

20

21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The New York State Department of Health (NYSDOH), Office of Health Insurance Program (OHIP), Division of Coverage and Enrollment (DCE) administers the Medicaid and Child Health Plus (CHPlus, New York's separate CHIP program) programs. At CHPlus redetermination, the Medicaid agency elects to rely on findings from the Child Health Plus program to determine initial eligibility for the Medicaid program.

TN#: #11-91

Approval Date: SEP 18 2012

Supersedes TN#: New

Effective Date: MAY 01 2012

**New**

**OFFICIAL**

**SECTION 2 – COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued)**

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

Child Health Plus annually renews eligibility for children enrolled in CHPlus. Under the screen and enroll process, the first step is to determine if the child is eligible for Medicaid. In order to streamline eligibility for children who screen Medicaid eligible, the Department of Health is implementing a process that will send the eligibility findings made at the renewal by CHPlus to the Local Departments of Social Services (LDSS).

The State will use an income finding from CHPlus and apply this income information to enroll a child in Medicaid if a child is found to be ineligible for CHPlus at renewal. Medicaid uses net income to determine eligibility and requires documentation of income at initial determinations; Child Health Plus uses gross income to determine eligibility and does not require documentation of income at renewal. Medicaid will be accepting the income findings determined by CHPlus using net income based on Medicaid income rules.

Medicaid and CHPlus both use the same residency rules. CHPlus does not require documentation of residency at renewal. Medicaid will accept the CHPlus agency's finding for residency.

TN#: #11-91

Supersedes TN#: New

Approval Date: SEP 18 2012

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**New**

**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: New York

Medical Assistance Program

Page 11d

**SECTION 2 – COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued)**

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under Title XXI.

(a) Screening threshold established by the Medicaid agency as:

(i) \_\_\_ percentage of the Federal Poverty Level (FPL) which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify \_\_\_\_\_; or

(ii) \_\_\_ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency; or

(b) Temporary enrollment pending screen and enroll.

(c) State's regular screen and enroll process for CHIP.

If Medicaid eligible based on the findings of the Express Lane Agency, the child is given two months of temporary CHPlus coverage, and the case information will be sent to LDSS to open a Medicaid case. In upstate counties, this process will be done manually and in NYC, this will be done electronically.

(6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) The State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

TN#: #11-91

Supersedes TN#: New

**New**

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