

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



December 16, 2013

Jason A. Helgeson, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgeson:

We have completed our review of New York State Plan Amendment submittal 12-12, "Family Planning Benefit Program as a State Plan Service" (Attachment 2.2-A, Page 23h; Attachment 3.1-A, Page 2; Attachment 3.1-B, Page 2 and Supplement 8A to Attachment 2.6-A, Page 3a) and find it acceptable for incorporation into New York's Medicaid Plan, effective November 1, 2012. Enclosed please find copies of State Plan Amendment 12-12 and Form CMS-179.

Please note that as agreed, we have substituted the originally submitted state plan pages with those attached to your November 4, 2013 letter responding to our request for additional information as well as the e-mail from New York State received on December 3, 2013.

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #12-12	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 1, 2012	
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: 1902 (a)(10)(A)(ii)(XXI), 1902 (ii), 1902(C), 1905(a)(4)(c)		7. FEDERAL BUDGET IMPACT: a. FFY 11/01/12-09/30/13 \$ 3,639,487 b. FFY 10/01/13-09/30/14 (\$9,325,628)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A: Page 23h Attachment 3.1-A: Page 2 Attachment 3.1-B: Page 2 Supplement 8A to Attachment 2.6-A: Page 3a **Please see remarks		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A: Page 2 Attachment 3.1-B: Page 2 Supplement 8A to Attachment 2.6-A: Page 3a	
10. SUBJECT OF AMENDMENT: Family Planning Benefit Program as a State Plan Service (FMAP = 90% 7/1/12 forward)			
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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: November 4, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: December 16, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 01, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: ***SPA add new Eligibility group for individuals with income that does not exceed 200% FPL, who will receive family planning benefits only.			

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B. Optional Groups Other Than the Medically Needy (Continued)

Citation: 1902(a)(10)(A)(ii)(XXI) and 1902(ii)

Individuals who are not pregnant and whose income does not exceed the State established income standard of 200% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 200% of the Federal Poverty Level.

In determining eligibility for this group, the State considers only the income of the applicant or recipient.

In determining eligibility for this group, the State will apply the income disregards listed in Supplement 8A to Attachment 2.6-A of the State Plan.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c.ii of Attachment 3.1-A of the State Plan.

Citation: 1920C - Presumptive Eligibility for Family Planning:

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option.

The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN #12-12

New

Approval Date

DEC 16 2013

Supersedes TN New

Effective Date

NOV 01 2012

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No limitations With limitations* Not provided

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.[*] (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)

- 4.c.i. Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.
 Provided: No limitations With limitations* Not provided

- 4.c.ii. Family planning-related services provided under the above State Eligibility Option.
 Provided: No limitations With limitations*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
 Provided: No limitations With limitations* Not provided
 - i. Lactation counseling services.
 Provided: No limitations With limitations* Not provided

- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
 Provided: No limitations With limitations* Not provided

- 6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
 - a. Podiatrists' services.
 Provided: No limitations With limitations* Not provided

[*4(b) limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.]
* Description provided on attachment.

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[State/Territory: New York]

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE [CATEGORICALLY] MEDICALLY NEEDED

- 1. Inpatient hospital services other than those provided in an institution for mental diseases.
 Provided: No limitations With limitations*

- 2. a. Outpatient hospital services.
 Provided: No limitations With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 Provided: No limitations With limitations* Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
 Provided: No limitations With limitations*

- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Acct to a pregnant woman or individual under 18 years of age.
 Provided: No limitations With limitations*

- 3. Other laboratory and x-ray services.
 Provided: No limitations With limitations*

- 4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No limitations With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)
 Provided: No limitations With limitations* Not provided.

- c.i. Family planning services and supplies for individuals of childbearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.
 Provided: No limitations With limitations*

- c.ii. Family planning-related services provided under the above State Eligibility Option.
 Provided: No limitations With limitations*

[*4(b) limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.]

*Description provided on attachment.

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4. All wages paid by the Census Bureau for temporary employment related to Census activities are excluded for the following eligibility groups:
 - 1902(a)(10)(A)(i)(III) - Qualified children, qualified pregnant women as defined in 1905(n);
 - 1902(a)(10)(A)(i)(IV) - Poverty level pregnant women and infants under age one as defined in 1902(l)(1)(A) and (B);
 - 1902(a)(10)(A)(i)(VI) - Poverty level children age 1 up to age 6 as defined by 1902(l)(1)(C);
 - 1902(a)(10)(A)(i)(VII) - Poverty level related children aged 6 up to 19 as defined by 1902(l)(1)(D);
 - 1902(a)(10)(A)(ii)(I), (II), and (IV) the populations defined by 1905(a)(i) children, (ii) parents and other caretaker relatives, and (viii) pregnant women;
 - 1902(a)(10)(A)(ii)(IX) - Poverty-related pregnant women and infants;
 - 1902(a)(10)(A)(ii)(XV) - Working individuals with disabilities Basic Coverage Group TWWIIA;
 - 1902(a)(10)(A)(ii)(XVI) - Working Individuals with disabilities - Employed Medically Improved Individuals TWWIIA;
 - 1902(a)(10)(C)(Medically Needy) - 435.301(b)(1) AFDC related medically needy, 435.308 medically needy under age 21, 435.310 specified relatives, 435.320 aged, 435.322 blind, 435.324 disabled; and
 - 1905(p) - QMBs, SLMBs, QIs.

5. In determining eligibility for children who have attained 6 years of age but have not attained 19 years of age, as referenced under 1902(a)(10)(A)(i)(VII), disregard the difference between 100% and 133% of the Federal Poverty Level by family size as revised annually in the Federal Register.

6. For children under the age of 21 covered under 1902(a)(10)(A)(ii)(XXI) and 1902(ii) of the Act, parental income is disregarded.

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