

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 Weberg/
Karla
Knuth-
FYI

June 25, 2014

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

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JUL 22 2014
NYS DOH-OFFICE OF
HEALTH INSURANCE PROGRAMS
M-314

Dear Mr. Helgeson:

We have completed our review of New York's State Plan Amendment submittal 11-02 "Kinship Guardianship Assistance" (Attachment 2.2-A, Page 2; Attachment 2.2-A, Page 13; Supplement 8a to Attachment 2.6-A, Page 3 and Supplement 8b to Attachment 2.6-A, Page 6) and find it acceptable for incorporation into New York's Medicaid Plan, effective April 1, 2011. Enclosed please find copies of State Plan Amendment 11-02 and Form CMS-179.

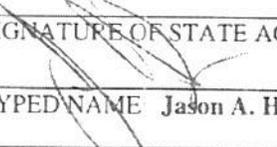
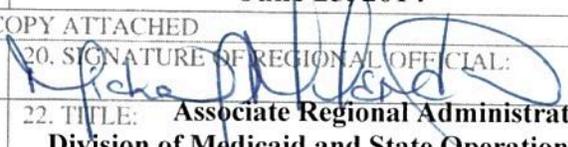
Please note that as agreed, we have substituted the originally submitted state plan pages and CMS-179 with those forwarded in your June 23, 2014 response to our August 24, 2011 Request for Additional Information and New York's June 24, 2014 e-mail.

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

Sincerely,

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare & Medicaid Services		1. TRANSMITTAL NUMBER: 11-02	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 April 1, 2011	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(i)(I) of the Social Security Act; 42 CFR 473(b)(3)(C); 42 CFR 435.222		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/11-09/30/11 \$0 b. FFY 10/01/11-09/30/12 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A Page 2 Attachment 2.2-A Page 13 Supplement 8a to Attachment 2.6-A Page 3 Supplement 8b to Attachment 2.6-A Page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 2.2-A Page 2 Attachment 2.2-A Page 13 Supplement 8a to Attachment 2.6-A Page 3 Supplement 8b to Attachment 2.6-A Page 6	
10. SUBJECT OF AMENDMENT: Kinship Guardianship Assistance (FMAP = 56.88% (4/1/11-6/30/11; 50% (7/1/11 forward))			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Office of Health Insurance Programs			
15. DATE SUBMITTED: June 23, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: June 25, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 01, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			

[State:]

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

[2. Deemed Recipients of AFDC.]

[1902(a)(10)(i)(I) of the Act] [b. Effective October 1, 1980, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

[402(a)(22)(A) of the Act] c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.]

[406(h)] 408(a)(11)(B) and/or 1931(c)(1); 42 CFR 435.115; and 1902(a)(10)(A)(i)(I) of the Act [d]b. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support [and meets the requirements of section 406(h) of the Act].

[1902(a) of the Act] [e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.]

42 CFR 435.115(e) and 42 CFR 435.145 1902(a)(10)(A)(i)(I), 473(b)(1), and 473(b)(3) of the Act c. Title IV-E Subsidized Adoption, Foster Care, or Kinship Guardianship Assistance for Children. Individuals who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect or foster care maintenance or kinship guardianship assistance payments are made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN#: 11-02

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Supersedes TN#: 91-76

Effective Date: APR 01 2011

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[State: New York]

Agency[*]	Citation(s)	Conditions or Requirement
B. Optional Groups Other Than the Medically Needy (Continued)		
42 CFR 435.222		<input checked="" type="checkbox"/> b. Reasonable classifications of individuals described in (a) above, as follows: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: <ul style="list-style-type: none"> <input type="checkbox"/> (a) In foster homes (and are under the age of 21). <input type="checkbox"/> (b) In private institutions (and are under the age of 21). <input type="checkbox"/> (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____). <input checked="" type="checkbox"/> (d) <u>Children under the age of 21 for whom guardianship assistance payments are made and individuals [I]in the care and custody of the local social services district commissioner or who are in the care and custody of the Office of Children and Family [s]Services for the purpose of receiving foster care (and are under the age of 21).</u> <input type="checkbox"/> (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____). <input type="checkbox"/> (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan. <input type="checkbox"/> (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____)]

TN #11-02

Supersedes TN #05-11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT**

Section 1902(f) State Non-Section 1902(f) State

1. In determining eligibility for children under age 21 for whom kinship guardianship assistance payments are made on behalf of or who are receiving foster care and are in the care and custody of the local social services district commissioner or in the care and custody of the Commissioner of the Office of Children and Family Services, as authorized by Sections 1902(a)(10)(A)(ii)(I) and 1905(a)(i) of the Act and by 42 CFR 435.222(b)(1) and as described in [the Optional Groups Other Than the Medically Needy section of] Attachment 2.2-A, page 13, paragraph B.(b)(1)(d), disregard all resources.
2. In determining the Medicaid eligibility of persons under Section 1902(a)(10)(C) of the Social Security Act, for [non-SSI-related persons under 1905(a)(i), 1905(a)(ii)] for AFDC-Related Medically Needy persons, the resource amounts are to be disregarded.

TN # 11-02

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