

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



cc: John
Leiberg/
Karla
Kruith-
FYI

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

June 10, 2015

Jason Helgeson
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Towers (OCP-1211)
Albany, New York 12237

RECEIVED

JUN 22 2015

NYS DOH-OFFICE OF
HEALTH INSURANCE PROGRAMS

M-270

Dear Mr. Helgeson:

We have completed our review of New York's State Plan amendment (SPA) 15-0006 received in office on March 18, 2015 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to revise the 2015 Medically Needy Income level.

Please note the approval date of this SPA is June 10, 2015 with an effective date of January 1, 2015. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

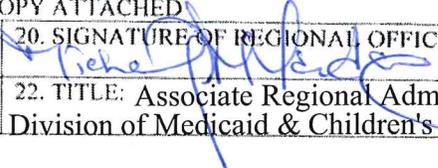
Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Michael Melendez', is written over a horizontal line.

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0006	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 January 1, 2015	
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: §1902(a)(10)(C)(i)(III) of the Social Security Act §1905(w) of the Social Security Act		7. FEDERAL BUDGET IMPACT: <i>(in thousands)</i> a. FFY 01/01/15-09/30/15 \$ 0 b. FFY 10/01/15-09/30/16 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp 1 to Att 2.6-A: Pages 8, 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Supp 1 to Att 2.6-A: Pages 8, 9	
10. SUBJECT OF AMENDMENT: 2015 Revisions to Medically Needy Income Levels (FMAP = 50%)			
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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: MAR 18 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUNE 10, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

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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	\$ [9,700] <u>9,900</u>	\$	\$	\$
2	\$[14,300] <u>14,500</u>	\$	\$	\$
3	\$[16,445] <u>16,675</u>	\$	\$	\$
4	\$[18,590] <u>18,850</u>	\$	\$	\$

TN#: #15-0006

Approval Date: JUNE 10, 2015

Supersedes TN#: #14-0006

Effective Date: JANUARY 01, 2015

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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. ____ Urban Only ____ Urban & Rural	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
5	\$(20,735] <u>21,025</u>	\$	\$	\$
6	\$(22,880] <u>23,200</u>	\$	\$	\$
7	\$(25,025] <u>25,375</u>	\$	\$	\$
8	\$(27,170] <u>27,550</u>	\$	\$	\$
9	\$(29,315] <u>29,725</u>	\$	\$	\$
10	\$(31,460] <u>31,900</u>	\$	\$	\$
For each additional Person add	\$(2,145] <u>2,175</u>	\$	\$	\$

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