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State/Territory Name: NY

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Accompanying letter
- 3) CMS 179 Form/Summary Form
- 4) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

September 24, 2015

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

Dear Mr. Helgeson:

This is to notify you that New York's State Plan Amendment (SPA) #15-0003, "Express Lane for Children on TA," has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2015. This SPA requested an exemption from using the Modified Adjusted Gross Income (MAGI) methodology on a Temporary Assistance (TA) case to provide Medicaid to children.

This SPA approval consists of the following 3 Pages for inclusion in the State Plan: Section 2.1 Pages 11b, 11c and 11d. All of these Pages replace existing Pages currently in the State Plan.

As previously discussed with the State, CMS has identified concerns associated with this approved State Plan. In accordance with State Medicaid Director's letter dated October 1, 2010 (SMD #10-20) regarding SPA processing, we will send a separate letter to address those concerns. With this letter, we are enclosing copies of SPA #15-0003 and the HCFA-179 Form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Michael Cutler of this office. Mr. Cutler may be reached at (212) 616-2421.

Sincerely,

/s/

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

Enclosure

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 OPERATION

September 24, 2015

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health, Corning Tower (OCP-1211)
Albany, New York 12237

Dear Mr. Helgerson:

This letter is being sent along with our approval of New York State Plan Amendment (SPA) 15-003, which authorizes the state to use the Temporary Assistance agency as an Express Lane Agency for Medicaid at enrollment and renewal of eligible children under age 19. In our discussions with the state, we learned more about the state's implementation of the Express Lane Eligibility (ELE) option under Medicaid, using the Child Health Plus (CHPlus, New York's separate CHIP program) agency as an Express Lane agency. As we discussed, we have concerns about the state's use of eligibility determinations made by CHIP managed care plans to enroll children in Medicaid.

Section 1902(e)(13)(F) of the Social Security Act requires that an Express Lane agency be a public agency that is determined by the state Medicaid agency to be capable of making eligibility determinations. New York has informed us that, due to system constraints, children who were eligible and enrolled in CHIP as of December 31, 2013 have not yet been transitioned to the state's new integrated system. CHIP managed care plans continue to conduct redeterminations for these children. Children screened by the plans as income-eligible for Medicaid are enrolled in Medicaid without a final determination of eligibility by the state. We understand that New York has continued this process as a temporary mitigation strategy, until the state is able to complete the transition of Medicaid and CHIP enrollees in its legacy systems to the Marketplace system.

Until this transition can be completed, we will work with the state to address the concerns outlined above. We will be reaching out to schedule a meeting and discuss the development of a plan.

If you have any questions or wish to discuss this SPA further, please contact Michael Cutler of this office. Mr. Cutler may be reached at (212) 616-2421.

Sincerely,

/s/

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
15-0003

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, 2015

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Children's Health Insurance Program Reauthorization Act of 2009
(CHIPRA), Public Law 111-3

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 04/01/15-09/30/15 \$ 0
b. FFY 10/01/15-09/30/16 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 1.1: Pages 11b, 11c, 11d

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Attachment 1.1: Pages 11b, 11c, 11d

10. SUBJECT OF AMENDMENT:
Express Lane for Children on TA
(FMAP = 50%)

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jason A. Helgeson

14. TITLE: Medicaid Director
Department of Health

15. DATE SUBMITTED: JUN 26 2015

16. RETURN TO:

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave - One Commerce Plaza
Suite 1460
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
09/24/2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
04/01/2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Michael Melendez

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health Operations

23. REMARKS:

SUMMARY
SPA #15-0003

This State Plan Amendment proposes to request an exemption from using the Modified Adjusted Gross Income (MAGI) methodology on a Temporary Assistance (TA) case to provide Medicaid (MA) to children. Historically, individuals on TA cases were also eligible for MA and received MA on their TA case. After Welfare Reform in 1996, the two programs delinked and we no longer had authority to provide MA coverage on TA cases. We continued to give MA coverage on TA cases because the TA levels were lower than the MA levels and the calculations were similar. Since the Affordable Care Act, the way we calculate MA under MAGI is very different. Express Lane for Children on TA is a tool to streamline enrollment and renewal for children on TA. This automatic enrollment does not require any additional action by the family which will promote stable and continuous coverage for low-income children.

New York
11b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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] 9/30/2017.

(1) The Express Lane option is applied to:

Initial determinations Redeterminations
 Both

(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)] Division of Eligibility and Marketplace Integrations (DEMI) 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.

When applying or renewing for Temporary Assistance the Medicaid agency elects to rely on findings from Temporary Assistance program to automatically enroll and renew eligible children in Medicaid.

TN #15-0003
Supersedes TN #11-91

Approval Date 09/24/2015
Effective Date 04/01/2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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. Both Medicaid and Child Health Plus use[s] [net income] MAGI (modified adjusted gross 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] MAGI methodology based on Medicaid income rules.

Medicaid and CHPlus both use the same residency rules. Neither Medicaid nor CHPlus [does not] require documentation of residency at renewal. Medicaid will accept the CHPlus agency's finding for residency.

Temporary Assistance requires the same verification of citizenship that Medicaid requires for eligibility. Income budgeting is slightly different. Temporary Assistance uses net income after allowing income disregards. Medicaid determines eligibility using MAGI (modified adjusted gross income) methodology. Since TA income guidelines are lower than the Medicaid levels, this slight discrepancy in budgeting income would not affect eligibility in a majority of the cases.

TN #15-0003

Supersedes TN #11-91

Approval Date 09/24/2015

Effective Date 04/01/2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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.

In both upstate counties and NYC, when a child is determined eligible for Temporary Assistance, the child will automatically be given Medicaid with no action required by the family.

(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 #15-0003
Supersedes TN #11-91

Approval Date 09/24/2015
Effective Date 04/01/2015