

**NEW YORK**  
state department of  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

December 13, 2011

Mr. Michael Melendez  
Associate Regional Administrator  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
New York Regional Office  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza - Room 37-100 North  
New York, New York 10278

RE: SPA #11-05  
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #11-05 to the Title XIX (Medicaid) State Plan for non-institutional services related to Transitional Medical Assistance (TMA) eligibility criteria changes to be effective October 1, 2011 (Appendix I). This amendment is being submitted based upon changes in State Law. A summary of the proposed State Plan Amendment is provided in Appendix II.

The State of New York provides TMA coverage to individuals who meet certain eligibility criteria under §1925(a)(1) of the Social Security Act and 42 CFR §435.112 as amended by the ARRA of 2009 Section 5004(c)(3).

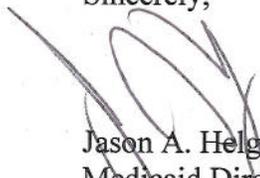
Currently, families must have been Medicaid eligible under Section 1931 of the Social Security Act during at least 3 of the last 6 months immediately preceding the month in which the family became ineligible under section 1931 (the Low Income Families (LIF) income threshold) due to increased earned income, or working hours from the parent/caretaker relative's employment or due to the loss of a time-limited earned income disregard when there is also a dependent child in the household.

This amendment requests approval to change the current TMA eligibility criteria from requiring LIF eligibility in 3 of the last 6 months to fewer than 3 of the last 6 months ; specifically, having LIF eligibility in at least 1 of the last 6 months preceding the month in which the family became ineligible for Medicaid under section 1931. We plan for statewide implementation with an effective date of October 1, 2011.

Additionally, a copy of pertinent section of State statute (Social Services Law 366-4(a)) is enclosed for your information (Appendix III).

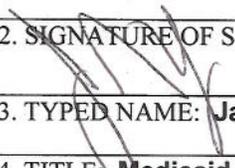
If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Wendy Butz, New York State Department of Health, Office of Health Insurance Programs, Bureau of Medicaid/FHP Enrollment at (518) 474-8887.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jason A. Helgeson", is written over the typed name and title.

Jason A. Helgeson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>11-05</b>	2. STATE  <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2011</b>	
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: <b>Section 1925 (a) (1) of the Social Security Act, 42 CFR 435.112, ARRA of 2009 Section 5004</b>		7. FEDERAL BUDGET IMPACT: a. FFY 10/01/11-09/30/12    \$ 5.7 million b. FFY 10/01/12-09/30/13    \$ 6.0 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 12 to Attachment 2.6-A: Page 7</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Supplement 12 to Attachment 2.6-A: Page 7</b>	
10. SUBJECT OF AMENDMENT: <b>Transitional Medical Assistance Eligibility Criteria Change (FMAP = 50%)</b>			
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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner NYS Department of Health</b>			
15. DATE SUBMITTED: <b>December 13, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**Appendix I**  
**2011 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Non-Institutional Services**  
**Amended SPA Pages**

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

**State: New York**

**ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE**

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard while there is a dependent child in the household. **(42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section [3.5] 3.1.G of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

**For at least 1 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931.**

The State extends Medicaid eligibility under TMA for an initial period of:

6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.

12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN #11-05

Approval Date \_\_\_\_\_

Supersedes TN #09-48

Effective Date \_\_\_\_\_

**Appendix II**  
**2011 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Non-Institutional Services**  
**Summary**

**SUMMARY**  
**SPA #11-05**

This State Plan Amendment (SPA) proposes to change the eligibility criteria for Transitional Medical Assistance (TMA) effective October 1, 2011.

The currently approved SPA requires that families, which include a dependent child under age 21, who have lost their Medicaid coverage due to an increase in work hours and/or earned income or the loss of an earned income disregard, have at least 3 of the last 6 months of Medicaid eligibility under section 1931 (Low Income Families (LIF) income threshold) prior to the loss of their Medicaid coverage to be eligible for TMA for a continued period of 12 months.

The proposed change would select the option in the SPA that allows for families to have fewer than 3 of the last 6 months of LIF eligibility; specifically, at least 1 of the last 6 months be considered eligible for TMA if otherwise eligible as described in the paragraph above.

This change allows for more low income families who have increased earned income and a dependent child under 21 to retain their current level of public health insurance coverage for the next 12 months. The retention of existing, comprehensive public health insurance coverage allows the family to have greater stability on the path to increased self-sufficiency.

The authority to implement this changed option in the SPA is New York State Social Services Law 366-4 (a) (i).

**Appendix III**  
**2011 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Non-Institutional Services**  
**Authorizing Provisions**

4. (a) Notwithstanding any other provision of law, each family which was eligible for medical assistance pursuant to subparagraph eight or nine of paragraph (a) of subdivision one of this section in at least one of the six months immediately preceding the month in which such family became ineligible for such assistance because of hours of, or income from, employment of the caretaker relative, or because of loss of entitlement to the earnings disregard under subparagraph (iii) of paragraph (a) of subdivision eight of section one hundred thirty-one-a of this article shall, while such family includes a dependent child, remain eligible for medical assistance for twelve calendar months immediately following the month in which such family would otherwise be determined to be ineligible for medical assistance pursuant to the provisions of this title and the regulations of the department governing income and resource limitations relating to eligibility determinations for families described in subparagraph eight of paragraph (a) of subdivision one of this section.

(b) (i) Upon giving notice of termination of medical assistance provided pursuant to subparagraph eight or nine of paragraph (a) of subdivision one of this section, the department shall notify each such family of its rights to extended benefits under paragraph (a) of this subdivision and describe the conditions under which such extension may be terminated.

(ii) The department shall promulgate regulations implementing the requirements of this paragraph and paragraph (a) of this subdivision relating to the conditions under which extended coverage hereunder may be terminated, the scope of coverage, and the conditions under which coverage may be extended pending a redetermination of eligibility. Such regulations shall, at a minimum, provide for: (A) termination of such coverage at the close of the first month in which the family ceases to include a dependent child; (B) notice of termination prior to the effective date of any terminations; (C) coverage under employee health plans and health maintenance organizations; and (D) disqualification of persons for extended coverage benefits under this paragraph for fraud.