

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

December 31, 2013

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 #13-64


Dear Mr. Melendez:

The State requests approval of the enclosed amendment #13-64 to the Title XIX (Medicaid) State Plan effective December 31, 2013 (Appendix I). A summary of the plan amendment is provided in Appendix II.

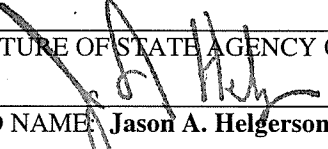
In keeping with our continued agreement, this amendment is being sent to you prior to the end of the fourth quarter.

If you or your staff have any questions or need any assistance, please contact Karla Knuth of my staff at (518) 474-1673.

Sincerely,


Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-64	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 December 31, 2013	
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: 42 CFR 435.222		7. FEDERAL BUDGET IMPACT: a. FFY 12/31/13-09/30/14 \$ 0 b. FFY 10/01/14-09/30/15 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp 1 to Att 2.2-A: Page 1 Supp 8a to Att 2.6-A: Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supp 1 to Att 2.2-A: Page 1 Supp 8a to Att 2.6-A: Page 3	
10. SUBJECT OF AMENDMENT: Pregnant Minors (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 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: December 31, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2013 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

**New York
Page 1**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**REASONABLE CLASSIFICATION OF INDIVIDUALS UNDER THE
AGE OF 21, 20, 19 AND 18**

Pregnant Minors, who are under age 21, are eligible without regard to household income

TN#: 13-64

Approval Date: _____

Supersedes TN#: 91-80

Effective Date: _____

**New York
Page 3**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

☐ Section 1902 (f) State

☒ Non-Section 1902(f)State

1. Disregard [deemed] all income [of parents] in determining eligibility for pregnant minors [women] under 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
2. In determining eligibility for pregnant women and infants under age 1, as referenced under Section 1902(a)(10)(A)(ii)(IX), disregard the difference between 185% and 200% of the Federal Poverty Level by family size as revised annually in the Federal Register.
3. 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 Section 435.222(b)(1) and as described in the Optional Groups Other Than the Medically Needy section of Attachment 2.2-A,disregard all income.

TN#: 13-64

Approval Date: _____

Supersedes TN#: 11-02

Effective Date: _____

Appendix II
2013 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #13-64

This State Plan Amendment (SPA) proposes to disregard parental income when considering eligibility of pregnant minors. Currently, the State already disregards parental income; however, under the new Medicaid Modified Adjusted Gross Income (MAGI) rules, this is not an option. In order for the State to disregard parental income, it is necessary to disregard the income of the whole household when determining eligibility for pregnant minors. This amendment must take effect prior to the MAGI related SPAs, which take effect on January 1, 2014.