



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

JUN 26 2015

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 #15-0003

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #15-0003 to the Title XIX (Medicaid) State Plan effective April 1, 2015 (Appendix I).

A summary of the plan amendment is provided in Appendix II. Copies of pertinent sections of proposed State statute are enclosed for your information (Appendix III).

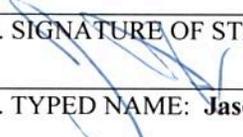
In keeping with our continued agreement, this amendment is being sent to you prior to the end of the second quarter.

If you or your staff have any questions or need any assistance, please contact Karla Knuth of my staff at (518) 473-4665.

Sincerely,

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

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 (<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: 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 1.1: Pages 11b, 11c, 11d	
10. SUBJECT OF AMENDMENT: Express Lane for Children on TA (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 Division of Finance and Rate Setting 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: JUN 26 2015			
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
2015 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

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] 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) 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 #11-0091

Approval Date _____
Effective Date _____

**New York
11c**

**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. Medicaid uses net 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 based on Medicaid income rules.

Medicaid and CHPlus both use the same residency rules. 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 and residency 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 #11-0091

Approval Date _____
Effective Date _____

New York
11d

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.

Appendix II
2015 Title XIX State Plan
Second Quarter Amendment
Summary

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.

Appendix III
2015 Title XIX State Plan
Second Quarter Amendment
Authorizing Provisions

SPA 15-0003

S. 6608—B/A. 9708—C

CHAPTER 58 OF THE LAWS OF 2010 – PART B

§ 9. Section 2511 of the public health law is amended by adding a new subdivision 2-c to read as follows:

2-c. Express lane eligibility. (a) Notwithstanding any inconsistent provision of law, rule or regulation, the commissioner is authorized to (i) establish standards and procedures for express lane enrollment and renewal implemented in accordance with section 2107(e)(1)(B) of the federal social security act, including but not limited to reliance on a finding made by an express lane agency, as defined in section 1902(e)(13)(F) of the federal social security act, to determine whether a child meets one or more of the eligibility criteria set forth in subdivision two of this section; (ii) specify such standards and procedures in the state child health plan established under title XXI of the federal social security act and applicable contracts with approved organizations and enrollment facilitators; and (iii) waive any information and documentation requirements set forth in this section necessary to implement express lane eligibility pursuant to standards and procedures established under subparagraphs (i) and (ii) of this paragraph; provided, however, that information and documentation required pursuant to subdivision two-b of this section may not be waived.

(b) Subject to federal approval, such standards and procedures shall specify that information and documentation regarding citizenship and immigration status collected by an express lane agency and provided to the commissioner for the purpose of express lane eligibility may be used to satisfy the requirements of subdivision two-b of this section.

(c) Such standards and procedures shall also include a process for determining enrollment error rates and implementing corrective actions as required by section 1902(e)(13)(E) of the federal social security act.

§ 10. Section 366-a of the social services law is amended by adding a new subdivision 11 to read as follows:

11. (a) Notwithstanding any inconsistent provision of law, rule or regulation, the commissioner of health is authorized to (i) establish standards and procedures for express lane enrollment and renewal implemented in accordance with section 1902(e)(13) of the federal social security act, including but not limited to reliance on a finding made by an express lane agency, as defined in section 1902(e)(13)(F) and (H) of the federal social security act, to determine whether a child meets one or more of the eligibility criteria for medical assistance; (ii) specify such standards and procedures in the medical assistance state plan established under title XIX of the federal social security act; and (iii) waive any information and documentation requirements set forth in this section necessary to implement express lane eligibility; provided,

however, information and documentation required pursuant to section one hundred twenty-two of this chapter may not be waived.

(b) Subject to federal approval, such standards and procedures shall specify that information and documentation regarding citizenship and immigration status collected by an express lane agency and provided to the commissioner for the purpose of express lane eligibility may be used to satisfy the requirements of section one hundred twenty-two of this chapter.

(c) Such standards and procedures shall also include a process for determining enrollment error rates and implementing corrective actions as required by section 1902(e)(13)(E) of the federal social security act.

(d) For purposes of a medical assistance eligibility determination made in accordance with this subdivision, a child shall be deemed to satisfy the income eligibility criteria for medical assistance if an express lane agency, as defined in section 1902(e)(13)(F) and (H) of the federal social security act and specified in the standards and procedures established pursuant to paragraph (a) of this subdivision, has determined that: the child's family has income that does not exceed a screening threshold amount, as determined by the commissioner of health, equal to a percentage of the federal poverty line (as defined and annually revised by the United States department of health and human services) that exceeds by thirty percentage points the highest income eligibility level applicable to a family of the same size under the medical assistance program.