NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

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

DEC 3 0 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 #15-0063

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #15-0063 to the Title XIX (Medicaid) State Plan effective October 1, 2015.

A summary of the plan amendment is provided and copies of pertinent sections of proposed State statute are enclosed for your information.

In keeping with our continued agreement, this amendment is being sent to you prior to the end of the fourth quarter. In regards to tribal consultation, the State will consider comments received after the effective date of this State Plan Amendment and will submit a revised State Plan Amendment addressing the comments, if needed.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: **15-0063**	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 **10/01/15**	

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: **42 CFR 435.119**	7. FEDERAL BUDGET IMPACT: (in thousands) **a. FFY 10/01/15-09/30/16 $ 409,194.29** **b. FFY 10/01/16-09/30/17 $ 434,919.93**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Supplement 18 to Attachment 2.6-A: Page 5**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Supplement 18 to Attachment 2.6-A: Page 5**

10. SUBJECT OF AMENDMENT:
Methodology for Identification of Applicable FMAP Rates

11. GOVERNOR'S REVIEW *(Check One)*:

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

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: DEC 30 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:

FORM HCFA-179 (07-92)

SUMMARY
SPA #15-0063

This State Plan Amendment proposes to determine the appropriate FMAP rate for expenditures for individuals transferring from the State's 1115 Waiver to the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C.

New York
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Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

_✓_ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.

Individuals previously eligible for Medicaid coverage through the state's 1115 demonstration program, specifically the Temporary Assistance for Needy Families (TANF) recipients, enrolled in the state's section 1115 Demonstration Population 11, will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment D and E.

___ New York does not have any relevant populations requiring such transitions.

Part 4 – Applicability of Special FMAP Rates

A. Expansion State Designation

New York:

___ Does **NOT** meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 4).

_✓_ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated June 18, 2013.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

New York:

_✓_ Does **NOT** qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).

___ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____ (insert date). New York will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).