



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 30, 2022

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #23-0001

Dear Mr. Scott:

The State requests approval of the enclosed amendment #23-0001 to the Title XIX (Medicaid) State Plan effective January 1, 2023 (Appendix I).

A summary of the plan amendment is provided in Appendix II. A copy of pertinent sections of enacted legislation is 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 fourth quarter.

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED December 30, 2022

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2022 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

[Records](#) / [Submission Packages - Your State](#)

NY - Submission Package - NY2022MS0018O - (NY-23-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2022MS0018O	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY-23-0001	Region	New York, NY
Version Number	1	Package Status	Submitted
Submitted By	Jennifer Yungandreas	Submission Date	12/30/2022
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

State Information

State/Territory Name: New York **Medicaid Agency Name:** Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID NY-23-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
AFDC Income Standards	1/1/2023	13-0053
Medically Needy Income Level	1/1/2023	NY-22-0016
Medically Needy Resource Level	1/1/2023	NY-22-0016
Mandatory Eligibility Groups	1/1/2023	NY-19-0009
Qualified Medicare Beneficiaries	1/1/2023	#10-15
Specified Low Income Medicare Beneficiaries	1/1/2023	#10-15
Qualifying Individuals	1/1/2023	#10-15
Optional Eligibility Groups	1/1/2023	NY-20-0009
Ticket to Work Basic	1/1/2023	#11-44
Ticket to Work Medical Improvements	1/1/2023	#11-44

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 138% and the Qualified Individual eligibility level to greater than 138% FPL to 186% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in New York.

The income level used for the Medically Needy program will be increased to 138% FPL, instead of a dollar amount calculated annually. The resource levels for the Medically Needy program will continue to be calculated at one and half times the annual income level for households of one and two.

The resource limit for the Ticket to Work Basic Group and the Ticket to Work Medical Improvement Group will be brought into alignment with the resource limits for the Medically Needy program.

Federal Budget Impact and Statute/Regulation Citation






Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$15345000
Second	2024	\$20460000

Federal Statute / Regulation Citation

MSP - 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), 1905(p)
 MN - 1902(a)(10)(C), 1902(r)(2), 1905(w)
 TWIIA - 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (23-0001) (11-16-22)	12/30/2022 9:36 AM EST	
SPA Fiscal BackUP (23-0001) (11-21-22)	12/30/2022 9:36 AM EST	
Authorizing Provisions (23-0001) (11-16-22)	12/30/2022 9:36 AM EST	
HCFA 179 (23-0001) (CMS 12-30-22)	12/30/2022 9:40 AM EST	
Original Submission Letter (23-0001) (CMS 12-30-22)	12/30/2022 9:40 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID NY2022MS00180
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Reviewable Unit Name	Included in Another Source Type Submission Package
AFDC Income Standards	APPROVED

Medically Needy Income Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Income Level	APPROVED

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
12/15/2022	paper mailing/electronic mailing


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
12/15/2022	paper mailing/electronic mailing

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Consultation (23-0001) (Summary) (12-15-22)	12/23/2022 11:17 AM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery

Other issue

Medicaid State Plan Eligibility

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

The standard that varies by some other way is:

Variations used

Name	Description
By County	Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.

Household size	Standard
1	\$529.00
2	\$684.00
3	\$836.00
4	\$982.00
5	\$1130.00
6	\$1244.00
7	\$1362.00
8	\$1509.00
9	\$1607.00
10	\$1704.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$97.00

The dollar amounts increase automatically each year

Yes No

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	System-Derived		

Reviewable Unit Instructions

B. AFDC Payment Standard in Effect As of July 16, 1996

The standard that varies by some other way is:

Variations used

Name	Description
By County	Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.

Household size	Standard
1	\$517.00
2	\$646.00
3	\$768.00
4	\$892.00
5	\$1020.00
6	\$1113.00
7	\$1212.00
8	\$1338.00
9	\$1411.00
10	\$1483.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$73.00

The dollar amounts increase automatically each year

Yes No

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

The standard that varies by some other way is:

Variations used

Name

By County

Description

Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.

Household size	Standard
1	\$620.00
2	\$784.00
3	\$942.00
4	\$1102.00
5	\$1265.00
6	\$1394.00
7	\$1528.00
8	\$1691.00
9	\$1799.00
10	\$1907.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$109.00

The dollar amounts increase automatically each year

Yes No

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	System-Derived		

Reviewable Unit Instructions

D. AFDC Need Standard in Effect As of July 16, 1996

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Statewide standard

The statewide standard is:

Household size	Standard
1	\$750.00
2	\$936.00
3	\$1114.00
4	\$1293.00
5	\$1479.00
6	\$1614.00
7	\$1757.00
8	\$1940.00
9	\$2045.00
10	\$2150.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$106.00

The dollar amounts increase automatically each year

Yes No

The basis of the increase is:

CPI-U
 Other basis

The annual increase occurs in the month and day indicated:

Every of

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Statewide standard

The statewide standard is:

Household size	Standard
1	\$1507.00
2	\$2030.00
3	\$2553.00
4	\$3076.00
5	\$3599.00
6	\$4122.00
7	\$4646.00
8	\$5169.00
9	\$5692.00
10	\$6215.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$524.00

The dollar amounts increase automatically each year

Yes No

The basis of the increase is:

CPI-U
 Other basis

Name of basis

Annual Federal Poverty Level

The annual increase occurs in the month and day indicated:

Every of

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

G. TANF payment standard

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

H. MAGI-equivalent TANF payment standard

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	13-0053		
	System-Derived		

Reviewable Unit Instructions

I. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Superseded SPA ID	NY-22-0016		
	System-Derived		

Reviewable Unit Instructions

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
- No

3. The level used is:

A percent of the Federal Poverty Level:
138.00%

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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	System-Derived		

Reviewable Unit Instructions

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	NY-22-0016		
	System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	NY-22-0016		
	System-Derived		

Reviewable Unit Instructions

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Superseded SPA ID	NY-22-0016		
	System-Derived		

Reviewable Unit Instructions

B. Resource Level Used

The level used is:

Household size	Standard
2	\$37902.00
1	\$28133.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	NY-22-0016		
	System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	NY-19-0009		
	System-Derived		

Reviewable Unit Instructions

Mandatory Coverage





A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Disabled and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals					
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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	System-Derived		

Reviewable Unit Instructions

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- A specific percent of the Federal Poverty Level is disregarded: **FPL 38.00%**

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
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Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Reviewable Unit Instructions

F. Additional Information (optional)

The income standard used for this group will be 138% Federal Poverty Level, which reflects a 38% income disregard.

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
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Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Reviewable Unit Instructions

F. Additional Information (optional)

SLIMB is being subsumed into to the QMB group due to the requested expansion.

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Percentage of the maximum FPL for the QI group which is 135%	Disregard 38% of 135% of the Federal Poverty Level which is the upper income threshold for QI. This percentage is not more than the percentage disregarded for the QMB group.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
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Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#10-15		
	User-Entered		

Reviewable Unit Instructions

F. Additional Information (optional)

The income standard for this group will be 186% Federal Poverty Level.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	NY-20-0009		
	System-Derived		

Reviewable Unit Instructions

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID	NY-20-0009		
	System-Derived		

Reviewable Unit Instructions

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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Superseded SPA ID	NY-20-0009		
	System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#11-44		
	User-Entered		

Reviewable Unit Instructions

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

Package ID	NY2022MS0018O	SPA ID	NY-23-0001
Submission Type	Official	Initial Submission Date	12/30/2022
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	#11-44		
	User-Entered		

Reviewable Unit Instructions

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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Superseded SPA ID #11-44	
User-Entered	

Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

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	User-Entered		

Reviewable Unit Instructions

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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Reviewable Unit Instructions

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$28133.00

Couple \$37902.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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Reviewable Unit Instructions

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

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Reviewable Unit Instructions

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Reviewable Unit Instructions

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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 User-Entered

SPA ID NY-23-0001
Initial Submission Date 12/30/2022
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Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

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Reviewable Unit Instructions

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

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	User-Entered		

Reviewable Unit Instructions

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$28133.00

Couple \$37902.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018O | NY-23-0001

Package Header

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Reviewable Unit Instructions

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS00180 | NY-23-0001

Package Header

Package ID	NY2022MS00180	SPA ID	NY-23-0001
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Reviewable Unit Instructions

F. Additional Information (optional)

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Appendix II
2022 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #23-0001

This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 138% and the Qualified Individual eligibility level to greater than 138% FPL to 186% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in New York. The income level used for the Medically Needy program will be increased to 138% FPL, instead of a dollar amount calculated annually. The resource levels for the Medically Needy program will continue to be calculated at one and half times the annual income level for households of one and two. The resource limit for the Ticket to Work Basic Group and the Ticket to Work Medical Improvement Group will be brought into alignment with the resource limits for the Medically Needy program.

Appendix III
2022 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

SPA 23-0001

§ 367-a. * NB Effective until January 1, 2023 subject to federal financial participation

* 3. (a) As used in this subdivision, the following terms shall have the following meanings:

(1) "Qualified medicare beneficiary" means a person who is entitled to hospital insurance benefits under part A of title XVIII of the federal social security act, whose income does not exceed one hundred thirty-eight percent of the official federal poverty line applicable to the person's family size and whose resources do not exceed twice the maximum amount of resources a person may have in order to qualify for benefits under the federal supplemental security income program of title XVI of the federal social security act, as determined for purposes of such program. To the extent that federal financial participation is available, a person whose resources are in excess of the amount specified in this subparagraph but otherwise meets the requirements shall be considered a "qualified medicare beneficiary".

(2) "Qualified individual" means a person who is entitled to hospital insurance benefits under part A of title XVIII of the federal social security act and whose income is greater than one hundred thirty-eight percent, but less than or equal to one hundred eighty-six percent, of the federal poverty line, for the applicable family size, and who is not otherwise eligible for medical assistance under this article; referred to as a qualified individual.

(3) "Qualified disabled and working individual" means an individual who is not otherwise eligible for medical assistance and:

(i) who is entitled to enroll for hospital insurance benefits under section 1818A of part A of title XVIII of the federal social security act;

(ii) whose income does not exceed two hundred percent of the official federal poverty line applicable to the person's family size; and

(iii) whose resources do not exceed twice the maximum amount of resources that an individual or a couple, in the case of a married individual, may have and obtain federal supplemental security income benefits under title XVI of the federal social security act, as determined for purposes of that program.

For purposes of this subparagraph, income and resources are determined by the same methodology as is used for determining eligibility under the federal supplemental security income benefits under title XVI of the federal social security act.

(b) Payment of premiums for enrolling qualified disabled and working individuals and qualified medicare beneficiaries under Part A of title XVIII of the federal social security act and for enrolling such beneficiaries and eligible recipients of public assistance under part B of title XVIII of the federal social security act, together with the costs of the applicable co-insurance and deductible amounts on behalf of such beneficiaries, and recipients, and premiums under section 1839 of the federal social security act shall be made and the cost thereof borne by the state or by the state and social services districts, respectively, in accordance with the regulations of the department, provided, however, that the share of the cost to be borne by a social services district, if any, shall in no event exceed the proportionate share borne by such district

with respect to other expenditures under this title. Moreover, if the director of the budget approves, payment of premiums for enrolling persons who have been determined to be eligible for medical assistance only may be made and the cost thereof borne or shared pursuant to this subdivision.

(b) (1) For purposes of this subdivision, "qualified medicare beneficiaries" are those persons who are entitled to hospital insurance benefits under part A of title XVIII of the federal social security act, whose income does not exceed one hundred percent of the official federal poverty line applicable to the person's family size and whose resources do not exceed twice the maximum amount of resources a person may have in order to qualify for benefits under the federal supplemental security income program of title XVI of the federal social security act, as determined for purposes of such program.

(2) Notwithstanding any provision of subparagraph one of this paragraph to the contrary, to the extent that federal financial participation is available, a person whose resources are in excess of the amount specified but otherwise meets the requirements of subparagraph one of this paragraph shall be considered a "qualified medicare beneficiary" for the purposes of this subdivision. The commissioner is authorized to submit amendments to the state plan for medical assistance and/or submit one or more applications for waivers of the federal social security act, to obtain the federal approvals necessary to implement this subparagraph.

366.2 (a)(7)

* NB Effective until January 1, 2023 subject to federal financial participations

* (a) The following income and resources shall be exempt and shall not be taken into consideration in determining a person's eligibility for medical care, services and supplies available under this title:

(1) (i) for applications for medical assistance filed on or before December thirty-first, two thousand five, a homestead which is essential and appropriate to the needs of the household;

(ii) for applications for medical assistance filed on or after January first, two thousand six, a homestead which is essential and appropriate to the needs of the household; provided, however, that in determining eligibility of an individual for medical assistance for nursing facility services and other long term care services, the individual shall not be eligible for such assistance if the individual's equity interest in the homestead exceeds seven hundred fifty thousand dollars; provided further, that the dollar amount specified in this clause shall be increased, beginning with the year two thousand eleven, from year to year, in an amount to be determined by the secretary of the federal department of health and human services, based on the percentage increase in the consumer price index for all urban consumers, rounded to the nearest one thousand dollars. If such secretary does not determine such an amount, the department of health shall increase such dollar amount based on such increase in the consumer price index. Nothing in this clause shall be construed as preventing an individual from using a reverse mortgage or home equity loan to reduce the individual's total equity interest in the homestead. The home equity limitation established by this clause shall be waived in the case of a demonstrated hardship, as determined pursuant to criteria established by such secretary. The home equity limitation shall not apply if one or more of the following persons is lawfully residing in the individual's homestead: (A) the spouse of the

individual; or (B) the individual's child who is under the age of twenty-one, or is blind or permanently and totally disabled, as defined in section 1614 of the federal social security act.

(2) essential personal property;

(3) a burial fund, to the extent allowed as an exempt resource under the cash assistance program to which the applicant is most closely related;

(4) savings in amounts equal to one hundred fifty percent of the income amount permitted under subparagraph seven of this paragraph, provided, however, that the amounts for one and two person households shall not be less than the amounts permitted to be retained by households of the same size in order to qualify for benefits under the federal supplemental security income program;

(5)(i) such income as is disregarded or exempt under the cash assistance program to which the applicant is most closely related for purposes of this subparagraph, cash assistance program means either the aid to dependent children program as it existed on the sixteenth day of July, nineteen hundred ninety-six, or the supplemental security income program; and

(ii) such income of a disabled person (as such term is defined in section 1614(a)(3) of the federal social security act (42 U.S.C. section 1382c(a)(3)) or in accordance with any other rules or regulations established by the social security administration), that is deposited in trusts as defined in clause (iii) of subparagraph two of paragraph (b) of this subdivision in the same calendar month within which said income is received;

(6) health insurance premiums;

(7) income based on the number of family members in the medical assistance household, as defined in regulations by the commissioner consistent with federal regulations under title XIX of the federal social security act that does not exceed one hundred thirty-eight percent of the federal poverty line for the applicable family size, which shall be calculated in accordance with guidance issued by the United States secretary for health and human services and with other applicable provisions of this section;