

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza
Room 37-100
New York, New York 10278-0063

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

cc: John U
Karla K
P41

February 17, 2012

Jason A. Helgeson, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower—Room 1441
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgeson:

We have completed our review of New York State Plan Amendment submittal 11-79, "Long Term Care Partnership Program (Supplement 8b to Attachment 2.6-a, page 3) and find it acceptable for incorporation into New York's Medicaid Plan, effective October 1, 2011. Enclosed please find copies of State Plan Amendment 11-79 and Form CMS-179.

Please note that as requested in the State's January 18, 2012 e-mail, we have substituted the page originally submitted with the replacement page that was provided with the January 18, 2012 e-mail. If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

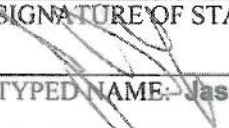

Enclosures

RECEIVED

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NYS DOH - OFFICE OF
HEALTH INSURANCE PROGRAMS

M-168

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-79	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 October 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (r)(2) of the Social Security Act 42 CFR 435.840 and 42 CFR 435.841		7. FEDERAL BUDGET IMPACT: a. FFY 10/01/10 - 9/30/11 \$ 0 b. FFY 10/01/11 - 9/30/12 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8b to Attachment 2.6-A: Page 3 ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8b to Attachment 2.6-A: Page 3	
10. SUBJECT OF AMENDMENT: Addition of 2/4/50 Partnership total asset protection plan and that the New York State Partnership Program enter into reciprocity agreement with (currently) 40 other states. (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <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 Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: December 1, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: February 17, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 01, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: ** By means of this SPA, New York State proposes to expand the number of Partnership for Long-Term care total asset protection plans from two to three. Under the new proposed plan, known as a 2/4/50 total asset plan, participating consumers must meet the durational requirement by utilizing two years of nursing home benefits or four years of home care benefits or some combination of the two under the policy in order to received Medicaid Extended Coverage. This plan would offer policyholders a lower premium option, making policies more affordable while still protecting the Medicaid program. This SPA also proposes that the NYS Partnership Program enter into the Federal reciprocity agreement with the 40 other states that currently participate.			

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

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

Section 1902(f) State

Non-Section 1902(f) State

Disregard	How More Liberal	Groups Covered	Approved/ Protected by
1. All resources, for a person who exhausts the minimum required benefits under a "total asset protection" long-term care insurance policy approved under the NYS Partnership for Long Term Care.*	Disregards resources otherwise countable under 42 CFR 435.845.	All MN	
2. An amount of resources equivalent to the value of benefits received under a "dollar for dollar" long-term care insurance policy approved under the NYS Partnership for Long Term Care, <u>or under a Partnership Policy approved by another state participating with New York in reciprocity</u> , for a person who exhausts the minimum required benefits under such a policy. [*]	Disregards resources otherwise countable under 42 CFR 435.845.	All MN	
<p>*Long-term care insurance policies bearing the logo of the NYS Partnership for Long Term Care have been approved by the NYS Department of Insurance as meeting minimum benefit standards. A "total asset protection" policy provides a minimum benefit of at least [three] <u>two</u> years of nursing facility care. A "dollar for dollar" policy provides a minimum benefit of one and a half, but less than three, years of nursing facility care.</p>			

TN#: 11-79

Approval Date: FEB 17 2012

Supersedes TN#: 04-39

Effective Date: OCT 01 2011