

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



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June 4, 2009

Deborah Bachrach, 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 Ms. Bachrach:

We have completed our review of New York State Plan Amendment submittal 07-19, “Medically Needy Income and Resource Standards” (Supplement 1 to Attachment 2.6-A, Pages 8 & 9, Supplement 2 to Attachment 2.6-A, Page 7 and Supplement 6 to Attachment 2.6-A) and find it acceptable for incorporation into New York’s Medicaid Plan, effective April 1, 2007. Enclosed please find copies of State Plan Amendment 07-19 and Form HCFA-179.

Please note that as agreed, we will make the appropriate pen and ink change to our files to reflect that your April 24, 2009 letter responded to our September 13, 2007 Request for Additional Information.

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,

/S/

Sue Kelly  
Associate Regional Administrator  
Division of Medicaid and Children’s Health

# OFFICIAL

Revision: HCFA-PM-91-4  
August 1991

Supplement 1 to Attachment 2.6-A  
Page 8  
OMB No. 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York

### Income Levels (Continued)

#### D. Medically Needy

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	<input type="checkbox"/> Urban Only <input type="checkbox"/> Urban & Rural			
1	\$ 8,300 *	\$	\$	\$
2	\$ 10,400 *	\$	\$	\$
3	\$ 12,300 *	\$	\$	\$
4	\$ 13,300	\$	\$	\$

\*New York is using a disregard under Section 1902(r)(2) to allow income for households of one, two and three equal to \$8,400, \$10,800 and \$13,200 respectively. There shall be at least a one hundred differential among households of three or more.

TN#: 07-19

Approval Date: JUN 04 2009

Supersedes TN#: 06-15

Effective Date: APR 01 2007

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Revision: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to Attachment 2.6-A  
Page 9  
OMB No. 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: New York**

**Income Levels** (Continued)

**D. Medically Needy**

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	___ Urban Only			
	___ Urban & Rural			
5	\$ 13,400	\$	\$	\$
6	\$ 13,600	\$	\$	\$
7	\$ 15,300	\$	\$	\$
8	\$ 17,000	\$	\$	\$
9	\$ 18,700	\$	\$	\$
10	\$ 20,400	\$	\$	\$
For each additional Person add	\$ 1,700	\$	\$	\$

TN#: 07-19

Approval Date: JUN 04 2009

Supersedes TN#: 06-15

Effective Date: APR 01 2007

Revision on HCFA-PM-91-4  
August 1991Supplement 2 to Attachment 2.6-A  
Page 7  
OMB No. 0938-**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State: New York**Resource Levels** (Continued)B. Medically Needy  
Applicable to all groups-

\_\_\_ Except those specified below under the provision of section 1902 (f) of the Act.

<u>Family Sizes</u>	<u>Resource Level</u>
<u>1</u>	\$ <u>4,200</u>
<u>2</u>	\$ <u>5,400</u>
<u>3</u>	\$ <u>6,600</u>
<u>4</u>	\$ <u>6,650</u>
<u>5</u>	\$ <u>6,700</u>
<u>6</u>	\$ <u>6,800</u>
<u>7</u>	\$ <u>7,650</u>
<u>8</u>	\$ <u>8,500</u>
<u>9</u>	\$ <u>9,350</u>
<u>10</u>	\$ <u>10,200</u>

For each additional person \$ 850TN#: 07-19Approval Date: JUN 04 2009Supersedes TN#: 06-15Effective Date: APR 01 2007

State: New York

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Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregard Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
Reasonable Classification			1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
Living Alone	X		300% of SSI FBR	300% of SSI FBR	710	1,038	As per CFR 416. Part K
Living w/ others	X		300%	300%	646	980	300%
Level I Family Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	889.48	1,778.96	
Rest of State	X				851.48	1,702.96	
Level II Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	1,058	2,116	
Rest of State	X				1,028	2,056	
Level III Enhanced Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties and Rest of State	X		300%	300%	1,264	2,528	

TN 07-19 Approval Date JUN 04 2009  
 Supersedes TN 06-15 Effective Date APR 01 2007