



DEPARTMENT OF HEALTH & HUMAN SERVICES

**CMS**

CENTERS for MEDICARE & MEDICAID SERVICES

Region II  
Jacob K. Javits Federal Building  
26 Federal Plaza, Room 3800  
New York, NY 10278

May 27, 2009

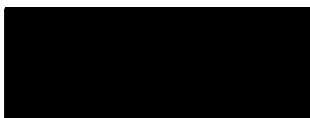
Deborah Bachrach  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Coming Tower - Empire State Plaza  
Room 1441  
Albany, New York 12237

Dear Ms. Bachrach:

We have completed our review of New York State Plan Amendment submittal 09-40, "Asset Verification System" and find it acceptable for incorporation into New York's Medicaid Plan, effective September 30, 2009. The revised pages submitted to CMS on April 28, 2009, replace the pages originally submitted on March 31, 2009. Enclosed please find copies of State Plan Amendment 09-40 and Form HCFA-179.


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

Sincerely,



Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>09-40</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>September 30, 2009</b>	
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: <b>Section 1940 of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY 08-09 \$0 b. FFY 09-10 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement 16 to Attachment 2.6-A, pages 1-3</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Asset Verification System</b>			
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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Deborah Bachrach</b>			
14. TITLE: <b>Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>March 31, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>MAY 27 2009</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>SEP 30 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Sue Kelly</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>Originally submitted pages replaced with attached pages submitted by State on April 28, 2009.</b>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:           New York State          

ASSET VERIFICATION SYSTEM

1940(a)  
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
  - A. The request and response system must be electronic:
    - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
    - (2) The system cannot be based on mailing paper-based requests.
    - (3) The system must have the capability to accept responses electronically.
  - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
  - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
  - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
  - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:           New York State          

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ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

TN No. 09-48  
Supersedes TN No. NEW

Approval Date MAY 27 2009

Effective Date SEP 30 2009

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:           New York State          

ASSET VERIFICATION SYSTEM

- 3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

New York State will work with our contractor to modify the current financial institution match (Financial Institution Recipient Match (FIRM)) to come into compliance with the Asset Verification System (AVS) minimum requirements.

New York State's Financial Institution Recipient Match (FIRM) is a State developed financial institution computer match that provides Local Departments of Social Services (LDSS) with resource information for use in assessing Medicaid and Temporary Assistance eligibility. FIRM is part of the resource file integration (RFI) system. The RFI system also compares applicant/recipients (A/Rs) against individuals on the resource files of various State and Federal agencies in order to verify the information provided by A/Rs on the Medicaid application and renewal forms and to provide additional information to the Medicaid eligibility worker.

TN No. 09-40 Approval Date MAY 27 2009 Effective Date SEP 30 2009  
 Supersedes TN No. NEW