

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*

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November 4, 2009

Deborah Bachrach  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning 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 09-48, "Transitional Medical Assistance" (Supplement 12 to Attachment 2.6-A, page 7) and find it acceptable for incorporation into New York's Medicaid Plan, effective July 1, 2009. Enclosed please find copies of State Plan Amendment 09-48 and Form CMS-179.

Please note that as agreed, we have substituted the originally submitted Supplement 12 to Attachment 2.6-A, page 7 with the revised page that New York transmitted to our office via e-mail on October 21, 2009



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

Sincerely,



Acting, 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>09-48</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>July 1, 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 1925(a)(5) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY 07/01/09-09/30/09 (\$ .26 million) b. FFY 10/01/09-09/30/10 (\$4.52 million)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement 12 to Attachment 2.6-A Page 5(a)</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Transitional Medical Assistance</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>September 30, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>NOV 04 2009</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>01 2009</b>			
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Acting Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>Original page with the substituted page received from NYS via e-mail on October 21, 2009.</b>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**CONFIDENTIAL**

State: New York

ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.

12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN No. 09-48  
Supersedes TN No. \_\_\_\_\_

Approval Date NOV 04 2008

Effective Date 7/1/09