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



March 9, 2010

Donna Frescatore
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. Frescatore:

We have completed our review of New York State Plan Amendment submittal 09-55, "CHIPRA Eligibility for Aliens & Pregnant Women" (Supplement 13 to Attachment 2.6-A, pages 1, 2 &3) and find it acceptable for incorporation into New York's Medicaid Plan, effective April 1, 2009. Enclosed please find copies of State Plan Amendment 09-55 and Form CMS-179.

Please note that as agreed, we have substituted the originally submitted pages with the revised pages that New York transmitted to our office via e-mail on March 9, 2010.

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

Sincerely,

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

**Enclosures** 

New York		
EDICAID)		
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h amendment)		
ERSEDED PLAN  (Applicable):		
PECIFIED:		
16. RETURN TO: New York State Department of Health Corning Tower		
Empire State Plaza Albany, New York 12237		
0 9 2010		
· Regional Administration		
-mail of 03/09/201		

**Revision:** 

CMS-PM-



SUPPLEMENT 13 TO ATTACHMENT 2.6-A Page 1 OMB No.:

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

# ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement		
42 CFR 435.406 3	. Is res	iding in the United States (U.S.), and		
	a.	Is a citizen or national of the United States;		
	b.	Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;		
section treatment section treatment section section d. Is a material treatment section		Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;		
		Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;		
	e.	Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.  _X_ State covers all authorized QAs State does not cover authorized QAs.		
TN #09-55	f.	State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:  Approval Date MAR 0 9 2019		
Supersedes TN _	New	Effective DateAPR 0 1 2003		



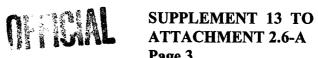
SUPPLEMENT 13 TO ATTACHMENT 2.6-A Page 2

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

### **ELIGIBILITY CONDITIONS AND REQUIREMENTS**

- (1) A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
- (2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
- (3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:
  - (a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);
  - (b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA;
  - (c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;
  - (d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and
  - (e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
- (4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:
  - A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA;
  - A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA;
  - A religious worker under section 101(a)(15)(R);
  - An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA;

TN #09-55	Approval Date	MAR 0 9 20101
Supersedes TN New	Effective Date	APR 0 1 2003



Page 3

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

ELIC	GIBILITY CONDITIONS AND R	EQUIREMENTS
PRWORA  • An individ section 10		-
gX_ enrolls at the tir of the eli residing status us State car individu satisfacto	The State provides assurance the in Medicaid under the CHIPRA ne of the individual's initial eligibgibility redetermination, that the in the United States. The State ming information provided at the t	nat for an individual whom it section 214 option, it has verified, ility determination and at the time individual continues to be lawfully ust first attempt to verify this ime of initial application. If the eadily available, it must require the rther evidence to verify e manner as it would for anyone
TN <u>#09-55</u>	Approval Date	MAR 0 9 2010
Supersedes TN <u>Ne</u>	w Effective Date	APR 0 1 2005