



Department of Health

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Commissioner

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Executive Deputy Commissioner

June 10, 2024

Jacey Cooper, Director
State Demonstrations Group
Centers for Medicare and Medicaid Services
7500 Security Blvd, Mail Stop S2-25-26
Baltimore, MD 21244-1850

Dear Director Cooper:

Pursuant to the terms of the New York State Medicaid Section 1115 Demonstration Medicaid Redesign Team (MRT) Waiver (11-W-00114/2), New York State (NYS or the State) is pleased to submit the enclosed waiver amendment proposal to the Centers for Medicare and Medicaid Services (CMS) for its approval.

New York State is requesting approval from CMS for an amendment to its MRT 1115 Demonstration that would keep children enrolled in health coverage, improve continuity of care, and promote health equity. The amendment would authorize continuous enrollment for Medicaid and Child Health Plus (NYS's Children's Health Insurance Program) coverage for children during the first six years of their lives and federal Medicaid and Children's Health Insurance Program matching funds without regard to whether a child's family income exceeds eligibility limits. As of March 2024, there were a total of 2.2 million children enrolled in Medicaid and 493,206 enrolled in Child Health Plus (CHP), while only 2.6% of children were uninsured.

Through this amendment, NYS is seeking to ensure continuous Medicaid and CHP coverage for children during the first six years of their lives. This proposal is aimed at ending churn for young children and will not change eligibility limits for Medicaid or CHP. New York State estimates that an average of 66,177 young children will receive continuous enrollment on an annual basis as a result of this proposal. We estimate the total State and federal funds to implement continuous enrollment will be \$60 million annually.

New York State has fully complied with federal transparency requirements in preparation for formally submitting this waiver amendment proposal. New York State transmitted tribal and public notices referencing the preliminary proposal draft (January 17, 2024), conducted virtual public hearings (February 21, 2024, and February 28, 2024), and received 34 verbal and written comments. The State's engagement with stakeholders informed the structure and substance of this submission and have been addressed in the attached waiver amendment application.

The partnership between CMS and NYS continues to be important to the success of the underlying 1115 Demonstration MRT Waiver and will also be critical to this amendment's

success. We look forward to continuing to work with you and your colleagues. If you have any questions, please contact me at



Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

cc: Jonathan Morancy, CMS
Nicole McKnight, CMS
Francis McCullough, CMS
Juliana Sharp, CMS
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Simone Milos, NYS DOH

NEW YORK STATE MEDICAID REDESIGN TEAM (MRT) WAIVER

1115 Research and Demonstration Waiver
#11-W-00114/2

Continuous Eligibility Waiver Amendment

New York State Department of Health Office of Health Insurance Programs

One Commerce Plaza
Albany, NY 12207

June 10, 2024



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Introduction

New York State (NYS or the State) is requesting approval from the Centers for Medicare and Medicaid Services (CMS) for an amendment to its Medicaid Redesign 1115 Demonstration that would keep children enrolled in health coverage, improve continuity of care, and promote health equity. The amendment would authorize continuous enrollment for Medicaid and Child Health Plus (NYS's Children's Health Insurance Program) coverage for children during the first six years of their lives and federal Medicaid and Children's Health Insurance Program (CHIP) matching funds without regard to whether a child's family income exceeds eligibility limits. As of November 2023, there were a total of 2.3 million children enrolled in Medicaid and 429,262 enrolled in Child Health Plus (CHP),¹ while only 2.6% of children were uninsured.²

On March 23, 2022, NYS received approval from CMS to renew the Medicaid Redesign 1115 Demonstration for an additional five years. NYS also received approval from CMS for the New York Health Equity Reform (NYHER) 1115 waiver amendment that will allow Medicaid to pay for certain health-related social need (HRSN) services, including for children, on January 9, 2024. The current Medicaid Redesign 1115 Demonstration is effective through March 31, 2027.

Program Description, Goals and Objectives

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver, 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience.³ These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.⁴

The impacts of the pandemic underscore the importance and urgency of ensuring uninterrupted coverage and access to physical health, behavioral health, and social care for children. Continuous enrollment in Medicaid and CHP will keep young children connected to coverage and care during their formative years without the risk of losing coverage and incurring gaps in needed care, including important preventive and primary care services. Researchers estimate that, nationwide, up to 11.2 percent of children on Medicaid disenroll and subsequently re-enroll in the program.⁵ This churn and the loss of health coverage is particularly problematic for young children, since events in the early years of a child's life can significantly impact later health and

¹ New York State Department of Health, Child Health Plus Enrollment, Total Enrollment by County Report for November 2023. Available at https://www.health.ny.gov/statistics/child_health_plus/enrollment/docs/2023-11.pdf

² U.S. Census Bureau 2022 American Community Survey (ACS).

³ Ramos-Callan, K. and Brundage, S, Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, Part 1: Death of a Parent or Caregiver, United Hospital Fund, September, 2020. Available at https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.

⁴ Ramos-Callan, K. and Brundage, S, Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, United Hospital Fund, September 30, 2020. Available at <https://uhfnyc.org/publications/publication/covid-19-ripple-effect-impact-covid-19-children-new-york-state/>.

⁵ Corallo, Bradley, Garfield, R, Tolbert, J, and Rudowitz, R. Medicaid Enrollment Churn and Implications for Continuous Coverage Policies, Kaiser Family Foundation, Dec. 14, 2021, available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>.

social outcomes.⁶ Medicaid coverage early in life is associated with fewer chronic conditions in adulthood, such as high blood pressure, heart disease, obesity, and diabetes.⁷ Continuity in coverage can also increase consistency in providers, helping children maintain the same providers throughout their childhood, and allow providers to focus on primary and preventive care, as well as early diagnosis and treatment.

Continuous eligibility is a strategy that can be employed to reduce disparities in churn rates and promote health equity. One national analysis found that Hispanic children experienced the largest increase in churn rates following annual renewals. A multi-year continuous eligibility policy can keep children from birth up to age six enrolled in health coverage and reduce the number of children disenrolled due to temporary fluctuations in family income at annual renewal.⁸ Continuous eligibility can also reduce administrative burdens and costs on the State and health plans,⁹ and, more importantly, the paperwork and reporting burdens on Medicaid and CHP-enrolled families themselves.

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and CHP. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

There is strong support for a longer continuous eligibility policy among New York stakeholders. During the public comment period for the NYHER 1115 waiver amendment in 2022, the State received a substantial number of comments from stakeholders urging greater investments in children, including adopting a policy of continuous eligibility for ages zero to three.

Through this amendment, NYS is seeking to ensure continuous Medicaid and CHP coverage for children during the first six years of their lives. This proposal is aimed at ending churn for young children and will not change eligibility limits for Medicaid or CHP. NYS currently covers children ages zero to one up to 223 percent of the Federal Poverty Level (FPL) and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with CHIP funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for

⁶ Somers, Stephen A. and Maul, A. Preventing Early Childhood Adversity Before It Starts: Maximizing Medicaid Opportunities, Center for Health Care Strategies, June 14, 2017. Available at <https://www.chcs.org/maximize-medicaid-opportunities-prevent-early-childhood-adversity-starts/>.

⁷ Miller, S. and Wherry, L.R., "The Long-Term Effects of Early Life Medicaid Coverage," *Journal of Human Resources* 54, no. 3 (Summer 2019): 785–824, available at <https://muse.jhu.edu/article/729939> as reported in Brooks, T. and Gardner, A., Continuous Coverage in Medicaid and CHIP, Georgetown University Health Policy Institute Center for Children and Families, July 2021. Available at <https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf>.

⁸ Williams, E., Corallo, B., Tolbert, J., Burns, A., and Rudowitz, R., Implications of Continuous Eligibility Policies for Children's Medicaid Enrollment Churn, Kaiser Family Foundation, December 21, 2022. Available at <https://www.kff.org/medicaid/issue-brief/implications-of-continuous-eligibility-policies-for-childrens-medicaid-enrollment-churn/>.

⁹ Sugar, S., Peters C., DeLew. N., Sommers, BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 12, 2021. Available at <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

individuals receiving treatment in a setting where Medicaid and/or CHP eligibility is not available (e.g., institution for mental disease). NYS estimates that an average of 66,177 young children will receive continuous enrollment on an annual basis as a result of this proposal. We estimate the total state and federal funds to implement continuous enrollment will be \$60 million annually.

Eligibility, Benefits and Cost-Sharing Requirements

NYS is not seeking to modify existing eligibility criteria for Medicaid and CHP. The populations affected by this amendment request are:

1. Children in Medicaid from birth to age six, even if a child’s family income exceeds eligibility limits. NYS estimates 60,152 enrollees will be continuously enrolled in the first year under this amendment, and 60,152 will be continuously enrolled during DY27 to DY28.
2. Children in CHP from birth to age six, even if a child’s family income exceeds eligibility limits. NYS estimates 6,025 enrollees will be continuously enrolled in the first year under this amendment, and 6,025 will be continuously enrolled during DY27 to DY28.

Table 1: Existing Eligibility Criteria

Eligibility Group Name	Federal Regulation Citation	Income Level
Children in Medicaid 0-1 year old	42 CFR 435.118	223%
Children in Medicaid 1 up to 6 years old	42 CFR 435.118	154%
Children in CHP 0 up to 6 years old	42 CFR 457.310	400%

Benefits provided under this waiver amendment request, as well as cost-sharing requirements, will not change from those provided under the Medicaid or CHP state plan.

Delivery System Implications

NYS is not seeking any changes to the existing Medicaid or CHIP delivery systems. These delivery systems include both managed care and fee-for-service.

Implementation Timeline

NYS plans to implement continuous eligibility for children in Medicaid and CHP, from birth up to age six, by January 1, 2025.

Waiver and Expenditure Authorities

Waiver Authority: In addition to the waiver authorities already granted in the current 1115 waiver demonstration, the State is requesting the following waiver authority necessary to implement the continuous eligibility for children from birth up to age six.

#	Authority	Waived
1	To permit New York to waive the annual redetermination requirements with respect to income eligibility and requirements for individuals to report and the agency to act on changes, thereby providing continuous Medicaid enrollment for children until their sixth birthday.	42 CFR 435.916
2	To enable New York to waive the annual redetermination requirements, including required procedures for reporting and acting on changes, thereby providing continuous CHP enrollment for children until their sixth birthday.	42 CFR 457.343

Expenditure Authority:

#	Program	Authority
1	Continuous enrollment for children	Expenditures to allow federal financial participation for the continuous enrollment of children in Medicaid and CHP without regard to whether a child's family income exceeds eligibility limits.

Budget Neutrality

The addition of the continuous eligibility for children from birth up to age six to New York's MRT 1115 Demonstration is estimated to result in an additional enrollment of approximately 66,177 members annually. Current average annual enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$67.3 billion by \$60 million. More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

1115 Waiver Amendment Projected Enrollment

Proposal	DY24	DY25	DY26	DY27	DY28
Projected Enrollment	4,709,605	4,723,377	4,735,030	4,746,899	4,758,993
Enrollment- Continuous Eligibility Ages 0 up to 6	-	-	16,544	66,177	66,177
Total Projected Enrollment:	4,709,605	4,723,377	4,751,574	4,813,076	4,825,170

1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)

Proposal	DY24	DY25	DY26	DY27	DY28	Total
Estimated Cost	\$69,132	\$61,593	\$64,997	\$68,601	\$72,416	\$336,739
Estimated Cost- Continuous Eligibility Ages 0 up to 6	-	-	\$15.2	\$60	\$60	\$128
Total Estimated Cost:	\$69,132	\$61,593	\$65,012	\$68,645	\$72,460	\$336,834

Demonstration Evaluation and Hypotheses

NYS will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing evaluation design to evaluate the hypotheses identified below and will include the methodology, measures, and data sources that will be used to assess the impact of the amendment. This evaluation design will be incorporated into the current, approved evaluation design. Additionally, NYS will work with CMS to ensure that 1115 monitoring reports required by the Special Terms and Conditions for NYS's 1115 MRT Demonstration are updated to incorporate monitoring and reporting for this amendment, as necessary and appropriate.

Hypothesis	Example Measures (Not Final)	Data Sources
Goal: Expand coverage to additional low-income New Yorkers (Children from birth up to age six)		
Hypothesis 1: More individuals in the targeted population will be enrolled in Medicaid		
Was the percentage of uninsured children reduced?	Examine health care coverage for children from birth up to age six by race and ethnicity to determine uninsured rates over time.	The Behavioral Risk Factor Surveillance System The National Survey of Children's Health (Children enrolled in Medicaid)
Hypothesis 2: Members will have more comprehensive coverage		
Did continuous eligibility for children up to age six reduce gaps in coverage for young children enrolled in Medicaid and CHIP?	Examine enrollment data for children by race and ethnicity to determine churn rate over time.	State reported data

Public Notice Compliance and Documentation

In compliance with 42 CFR § 431.408(a), the Department of Health conducted a 30-day public comment period from January 17, 2024 – February 16, 2024. While all comments have been considered, no edits were made to the amendment request.

In compliance with 42 CFR § 431.408(a)(3), the State conducted two virtual public hearings on February 21, 2024 and February 28, 2024. The February 28, 2024 public hearing also served as the 1115 Annual Public Forum. While all comments have been considered, no edits were made to the amendment request.

Public Comments and State Responses

The State received 28 written comments regarding the amendment application, as well as an additional six comments received verbally from the virtual hearings, including individuals, advocacy groups, community providers, and other stakeholders. Each of the written letters and emails, as well as verbal testimony during the public hearings, contained suggestions, questions and comments of support. NYS appreciates all of the comments and feedback shared by its stakeholders regarding this 1115 waiver amendment application. These comments help inform the 1115 waiver amendment and will continue to help shape NYS's pursuit of future programmatic initiatives and will be taken under advisement as the State works to implement this amendment once approved.

Summary of Comments

After review and due consideration of the public comments received on the Continuous Eligibility for Children from birth up to age six amendment, NYS has made no changes to the proposed amendment. The majority of the recommended changes would either alter the proposal to the point that an additional comment period would be necessary or are primarily implementation issues that will be considered after the application has been approved by the Centers for Medicare and Medicaid Services (CMS). NYS will further review these recommendations and consider them for possible future implementation. Themes from the public comments received on the continuous eligibility 1115 amendment are summarized below with the State's response.

Public Comment Themes and State Responses

General Comments of Support

There were an overwhelming number of commenters who expressed support for the Continuous Eligibility waiver amendment and NYS's approach. In particular, comments lauded New York's approach to covering children up to six years old and the impacts this is anticipated to have on improving outcomes and health equity. NYS appreciates their support and looks forward to working with all stakeholders to implement the 1115 waiver amendment.

Avoid Phased-in Implementation

Two commenters discouraged the State from pursuing a phased-in implementation of this amendment, citing concerns that doing so might exclude children who would benefit from this policy during the period of the phase-in.

New York is not pursuing a phased-in implementation for this amendment. All eligible children under the age of six will be included at the start of implementation. As children in this population report a life status change or complete a renewal, they will maintain their coverage, regardless of changes in income or other eligibility factors that would previously have made the child ineligible for continued coverage.

Consumer Outreach

One commenter urged NYS to allow the public, including advocates, families, community members, and providers, ample time to review and comment on consumer education materials, announcements, and notices. They also suggested that NYS should make every effort to reach consumers to inform them of this policy change.

NYS appreciates this comment and acknowledges the importance of engaging stakeholders in outreach to ensure the success of this amendment. NYS intends to roll out a comprehensive outreach plan, including training for application assistors and notifications through the typical channels, such as listservs, emails, and other digital communications to ensure that all stakeholders are informed of all developments. NYS will notify members through eligibility notice language and on-screen messaging if the child is found ineligible based on changes in income or other circumstances but will maintain their coverage due to Continuous Eligibility provisions. Health plans will also be informed about any relevant changes to upcoming programs and policies. NYS looks forward to working with all stakeholders to effectively implement this amendment.

Re-Enroll Children Disenrolled During Unwind

One commenter requested that NYS re-enroll all children who were disenrolled during the unwind.

Throughout the Public Health Emergency (PHE) unwind, NYS has conducted a robust outreach effort to reach as many enrollees as possible and is continuing auto-renewal processes that were in place prior to the PHE. Children who were inappropriately disenrolled due to technical errors have been re-enrolled and will be covered under this amendment if they are still enrolled when the policy has been implemented.

Data Tracking

Several comments were received that requested that additional data on the current rates of churn for children in the demonstration population be made available to assist outside entities in evaluating the effectiveness of this amendment. Another suggested that data should be closely tracked by NYS and CMS to demonstrate success and ensure this demonstration is made permanent, and possibly expanded beyond age six in the future.

As part of the amendment, if approved, NYS will conduct an evaluation using available state and federal data aimed at determining whether continuous eligibility for children up to age six reduced gaps in coverage for young children enrolled in Medicaid and Child Health Plus. This will be used to evaluate the policy's effectiveness at reducing the churn rate for eligible children over time and will be made publicly available.

Universal Benefits Package

NYS received three comments recommending that the state develop a universal benefit package similar to Oregon’s which includes Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits and certain services for children with intellectual and developmental disabilities. They also state that, should NYS choose not to pursue a Universal Benefit Package, the State should ensure that families that are eligible for Medicaid and CHP benefits are allowed to enroll their child into either program based on family preference and be subject to most favorable budgeting rules.

NYS is committed to ensuring that all children on Medicaid and Child Health Plus have comprehensive benefits that cover all medically necessary services. NYS will take these comments into consideration when implementing the waiver, if approved.

CHP Guardrails/Premiums

The State received several comments suggesting that guardrails be put in place to ensure that any change in income is reflected in the beneficiary’s monthly premium to ensure that families do not pay any more than is required by the program. We also received a comment suggesting that the State waive CHP Premiums for indigenous children regardless of their family’s income.

Children in households with an increase in income that changes their monthly family premium contribution category will maintain their coverage at the lower family premium category during their Continuous Eligibility period.

Consistent with current policy, children identified as Native American/Alaskan Natives are not responsible for monthly family premium contributions, if applicable.

Invest in Primary Care

Several comments encouraged NYS to increase investment in Primary Care, citing access and workforce shortage concerns.

In conjunction with the New York Health Equity Reform 1115 waiver amendment that was approved in January 2024, NYS has already committed to nearly \$500M in primary care delivery system investments. These investments are intended to align with and augment two federal models from the Centers for Medicare and Medicaid Services supporting primary care – Making Care Primary and States Advancing All-Payer Health Equity Approaches and Development (AHEAD). New York’s investments will have a special focus on care for children and advancing primary care towards value-based payment (VBP) through New York’s existing Patient-Centered Medical Home (PCMH) program. These investments build off the State’s longstanding commitment to increasing support for primary care, including benchmarking primary care reimbursement to 80 percent of current Medicare rates.

Tribal Notification

In accordance with 42 CFR § 431.408(b), the Department of Health conducted a 30-day tribal comment period from January 17, 2024 – February 23, 2024. No comments were received during the tribal comment period.

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Department of Health

Continuous Eligibility for Children up to Age Six and Annual 1115 Public Forum

In compliance with 42 CFR 431.408(a)(1), the New York State Department of Health is pleased to announce that it will conduct two virtual public hearings, to provide an overview of the State's 1115 waiver Continuous Eligibility for Children up to Age Six amendment request and allow members of the public to provide comments. Additionally, the second of these hearings, indicated below, will serve as the Annual 1115 Public forum, during which the public may also provide oral comments on the entirety of New York's Medicaid Redesign Team 1115 waiver.

This notice further serves to open the 30-day public comment period for the Continuous Eligibility for Children up to Age Six Amendment, which will close on February 16, 2024, during which the public will be afforded the opportunity to provide written comments on this amendment.

Through this amendment, the New York State Department of Health ("NYSDOH") is seeking to ensure continuous Medicaid and Child Health Plus (CHP) coverage for children up to six years of age. Continuous enrollment would ensure that children receiving Medicaid and CHP remain enrolled in health coverage during the first years of their lives, improve continuity of care, and promote health equity.

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver,¹ 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience. These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.²

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

This proposal is aimed at ending churn for young children and will not change eligibility limits for Children's Medicaid or Child Health Plus. New York State currently covers children ages zero to one up to 223 percent FPL and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with Children's Health Insurance Program (CHIP) funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for individuals receiving treatment in a setting where Medicaid eligibility is not available (e.g., institution for mental disease).

There is strong support for a longer continuous eligibility policy among New York stakeholders. During the public comment period for the pending NYHER waiver amendment in 2022, the State received a substantial number of comments from stakeholders urging greater investments in children, including adopting a policy of continuous eligibility for ages zero to three.

A draft of the amendment request is available for review under the "MRT 1115 Waiver Amendments" tab, under "Continuous Medicaid and Child Health Plus Eligibility for Children up to Age Six" at:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

The Department of Health will host two virtual public hearings during which the public may provide oral comments. Any updates related to the public hearings will be sent via the MRT ListServ. The two virtual public hearings will be held as follows:

1. First Public Hearing

a. Wednesday, February 21, 2024, 1:00 PM – 4:00 PM

b. Pre-registration is required for anyone wishing to provide oral comment using this link: <https://meetny.webex.com/weblink/register/r1939adfa0f20020858cc4bc655879d24>

c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 20, 2024, at 4 PM to confirm registration.

d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

2. Second Public Hearing and Annual 1115 Public Forum

a. Wednesday, February 28, 2024, 1:00 PM – 4:00 PM

b. Pre-registration is required for anyone wishing to provide oral comment using this link: <https://meetny.webex.com/weblink/register/rffed05506eb878b9847bddba913c7773>

c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 27, 2024, at 4 PM to confirm registration.

d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

American Sign Language (ASL) interpretation will be available, and the WebEx platform includes a closed captioning feature.

For individuals with limited online access and require special accommodation to access paper copies, please call (518)-473-0868.

Prior to finalizing the proposed MRT Waiver Continuous Eligibility for Children up to age six amendment application, the Department of Health will consider all written and verbal comments received. These comments will be summarized and addressed in the final version of the amendment request that is submitted to CMS. The Department will post a transcript of the public hearings and 1115 Annual Public Forum on the following website: https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

Please direct all questions to 1115waivers@health.ny.gov.

Written comments will be accepted by email at 1115waivers@health.ny.gov (please include "1115 Public Forum Comment," "Continuous Eligibility for Children up to Age Six 1115 Amendment," or both in the subject line) or by mail at: Department of Health, Office of Health Insurance Programs, Waiver Management Unit, 99 Washington Ave., 8th Fl. (Suite 826), Albany, NY 12210

All written comments must be postmarked or emailed by February 16, 2024.

¹ Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, Part 1: Death of a Parent or Caregiver, United Hospital Fund, September, 2020. Available at https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.

² Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, United Hospital Fund, September 30, 2020. Available at <https://uhfnyc.org/publications/publication/covid-19-ripple-effect-impact-covid-19-children-new-york-state/>.

PUBLIC NOTICE

Department of Health

Continuous Eligibility for Children up to Age Six and Annual 1115 Public Forum

In compliance with 42 CFR 431.408(a)(1), the New York State Department of Health is pleased to announce that it will conduct two virtual public hearings, to provide an overview of the State's 1115 waiver Continuous Eligibility for Children up to Age Six Amendment request and allow members of the public to provide comments. Additionally, the second of these hearings, indicated below, will serve as the Annual 1115 Public forum, during which the public may provide oral comments on the entirety of New York's 1115 Medicaid Redesign Team waiver.

This notice further serves to open the 30-day public comment period for the Continuous Eligibility for Children up to Age Six Amendment, which will close on February 16, 2024, during which the public will be afforded the opportunity to provide written comments on this amendment.

The Department of Health will host two virtual public hearings during which the public may provide oral comments. Any updates related to the public hearings will be sent via the MRT ListServ.

The two virtual public hearings will be held as follows:

1. First Public Hearing

a. Wednesday, February 21, 2024, 1:00 PM – 4:00 PM

b. Pre-registration is required for anyone wishing to provide oral comment using this link: <https://meetny.webex.com/weblink/register/r1939adfa0f20020858cc4bc655879d24>

c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 20, 2024, at 4 PM to confirm registration.

d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

2. Second Public Hearing and Annual 1115 Public Forum

a. Wednesday, February 28, 2024, 1:00 PM – 4:00 PM

b. Pre-registration is required for anyone wishing to provide oral comment using this link: <https://meetny.webex.com/weblink/register/rffd05506eb878b9847bddba913c7773>

c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Tuesday, February 27, 2024, at 4 PM to confirm registration.

d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

American Sign Language (ASL) interpretation will be available, and the WebEx platform includes a closed captioning feature.

Public comment may also be submitted in writing through Friday, February 16, 2024. Please see the end of this notice for details.

About the 1115 Waiver

- The 1115 Demonstration Waiver, also known as the MRT Waiver in New York State, is an agreement between the federal Centers for Medicare and Medicaid Services (CMS) and New York State that allows the State to use a managed care delivery system to deliver benefits to Medicaid recipients, create efficiencies in the Medicaid program, and enable the extension of coverage to certain individuals who would otherwise be without health insurance.

- The MRT Waiver was renewed on April 1, 2022, effective through March 31, 2027.

- The MRT Waiver is a vehicle by which the State has implemented the initiatives of the Medicaid Redesign Team and subsequent health systems reforms.

- In addition, New York's goals in implementing its MRT Waiver include improving access to health services and the quality of health care services for New Yorkers through multiple programs.

Continuous Eligibility Amendment Proposal Summary and Objectives

Through this amendment, New York State is seeking to ensure continuous Children's Medicaid and Child Health Plus coverage for children up to six years of age. Continuous enrollment would ensure that children receiving Medicaid and CHP remain enrolled in health coverage during the first years of their lives, improve continuity of care, and promote health equity.

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York's children estimated that about 4,200 children lost a parent or caregiver,¹ 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience. These experiences can have negative long-term implications for children's mental and physical health, educational attainment, and financial security.²

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or

income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

This proposal is aimed at ending churn for young children and will not change eligibility limits for Children’s Medicaid or Child Health Plus. New York State currently covers children ages zero to one up to 223 percent FPL and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with Children’s Health Insurance Program (CHIP) funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for individuals receiving treatment in a setting where Medicaid eligibility is not available (e.g., institution for mental disease).

Eligibility, Benefits, and Cost-Sharing Changes

NYS is not seeking to modify existing eligibility criteria for Medicaid and Child Health Plus. The populations affected by this amendment request are:

1. Children in Medicaid from birth up to age six, even if a child’s family income exceeds eligibility limits. NYS estimates 60,152 enrollees will be continuously enrolled in the first year under this amendment, and 60,152 will be continuously enrolled during DY27 to DY28.

2. Children in Child Health Plus from birth up to age six, even if a child’s family income exceeds eligibility limits. NYS estimates 6,025 enrollees will be continuously enrolled in the first year under this amendment, and 6,025 will be continuously enrolled during DY27 to DY28.

Benefits provided under this waiver amendment request, as well as cost-sharing requirements, will not change from those provided under the Medicaid or Child Health Plus state plan.

Enrollment and Fiscal Projections

The addition of the continuous eligibility for children from birth up to age six to New York’s MRT 1115 Demonstration is estimated to result in an additional enrollment of approximately 66,177 members annually. Current average annual enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$45.2 billion by \$44.5 million. More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

1115 Waiver Amendment Projected Enrollment

Proposal	DY24	DY25	DY26	DY27	DY28
Projected Enrollment	4,709,605	4,720,694	4,732,039	4,743,646	4,755,524
Enrollment-Continuous Eligibility Ages 0 up to 6	-	-	66,177	66,177	66,177
Total Projected Enrollment:	4,709,605	4,720,694	4,798,216	4,809,823	4,821,701

1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)

Proposal	DY24	DY25	DY26	DY27	DY28	Total
Estimated Cost	\$37,740	\$44,009	\$46,227	\$48,035	\$50,035	\$226,046
Enrollment-Continuous Eligibility Ages 0 up to 6	-	-	\$23	\$45	\$45	\$112

Total Estimated Cost:	\$37,740	\$44,009	\$46,250	\$48,080	\$50,080	\$226,158
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Hypotheses and Evaluation

NYS will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing evaluation design to evaluate the hypotheses identified below and will include the methodology, measures, and data sources that will be used to assess the impact of the amendment. This evaluation design will be incorporated into the current evaluation design.

Hypothesis	Example Measures (Not Final)	Data Sources
Goal: Expand coverage to additional low-income New Yorkers (Children from birth up to age six)		
Hypothesis 1: More individuals in the targeted population will be enrolled in Medicaid		
Was the percentage of uninsured children reduced?	Examine health care coverage for children from birth up to age six by race and ethnicity to determine uninsured rates over time.	Behavioral Risk Factor Surveillance System National Survey of Children’s Health (Children enrolled in Medicaid)

Hypothesis 2: Members will have more comprehensive coverage

Did continuous eligibility for children up to age six reduce gaps in coverage for young children enrolled in Medicaid and CHIP?	Examine enrollment data for children by race and ethnicity to determine churn rate over time.	State reported data
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Waiver and Expenditure Authorities

In addition to the Waiver and Expenditure authorities already granted in the current 1115 waiver demonstration, the State is requesting the following Waiver and Expenditure authorities necessary to implement the continuous eligibility for children from birth up to age six.

Waiver Authority:

#	Authority	Waived
1	To permit New York to waive the annual redetermination requirements with respect to income eligibility and requirements for individuals to report and the agency to act on changes, thereby providing continuous Medicaid enrollment for children until their sixth birthday.	42 CFR 435.916
2	To enable New York to waive the annual redetermination requirements, including required procedures for reporting and acting on changes, thereby providing continuous Child Health Plus enrollment for children until their sixth birthday.	42 CFR 457.343

Expenditure Authority:

#	Program	Authority
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- 1 Continuous enrollment for children. Expenditures to allow federal financial participation for the continuous enrollment of children in Medicaid and Child Health Plus without regard to whether a child's family income exceeds eligibility limits.

Submission and Review of Public Comments

A draft of the proposed amendment request is available for review under the "MRT 1115 Waiver Amendments" tab, under "Continuous Medicaid and Child Health Plus Eligibility for Children up to Age Six" at:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

For individuals with limited online access and require special accommodation to access paper copies, please call (518) 473-0868.

Prior to finalizing the proposed MRT Waiver Continuous Eligibility for Children up to Age Six Amendment application, the Department of Health will consider all written and verbal comments received. These comments will be summarized and addressed in the final version of the amendment request that is submitted to CMS. The Department will post a transcript of the public hearings and 1115 Annual Public Forum on the following website: https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

Please direct all questions to 1115waivers@health.ny.gov.

Written comments will be accepted by email at 1115waivers@health.ny.gov (please include "1115 Public Forum Comment," "Continuous Eligibility for Children up to Age Six 1115 Amendment," or both in the subject line) or by mail at: Department of Health, Office of Health Insurance Programs, Waiver Management Unit, 99 Washington Ave., 8th Fl. (Suite 826), Albany, NY 12210

All written comments must be postmarked or emailed by February 16, 2024.

- ¹ Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, Part 1: Death of a Parent or Caregiver, United Hospital Fund, September, 2020. Available at https://uhfnyc.org/media/filer_public/22/4b/224bf5ba-6ab2-42f6-8744-929135f2f42b/covid_ripple_effect_part_1_final.pdf.
- ² Ramos-Callan, K. and Brundage, S., Covid-19 Ripple Effect: The Impact of Covid-19 on Children in New York State, United Hospital Fund, September 30, 2020. Available at <https://uhfnyc.org/publications/publication/covid-19-ripple-effect-impact-covid-19-children-new-york-state/>.

PUBLIC NOTICE

Deferred Compensation Board

The New York State Deferred Compensation Board, which is responsible for the State's Deferred Compensation Plan pursuant to Section 457(b) of the Internal Revenue Code and Section 5 of the State Finance Law, beginning on January 17, 2024, is seeking formal written proposals from law firms to act as General Counsel to provide legal services to the Board and the New York State Deferred Compensation Plan. The general scope of services include: general legal representation subject to the statutory responsibility of the State Attorney General; preparation of amendments to the State and model plans in compliance with the applicable statutory and regulatory framework; amendment of the Board's rules and regulations; assist in responding to inquiries from local governments; interpretation of New York State Law as it relates to the Board and Plan; and, the negotiation and preparation of the Board's contracts with providers of financial products, auditing, trustee and administrative services.

A copy of the request for proposals may be obtained from the Board's website: www.deferredcompboard.ny.gov, or by contacting

Tara Anderson, Procurement Coordinator, New York State Deferred Compensation Plan, (518) 473-6619 or by e-mail to: tara.anderson@nysdcp.com. All proposals must be received no later than the close of business on February 28 2024.

PUBLIC NOTICE

Department of State

F-2023-0552

Date of Issuance – January 17, 2024

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2023-0552, National Grid is proposing removal of approximately 8,900 cubic yards of coal tar impacted sediment below the mean high-water line (MHWL) from the Hudson River and associated embayments. Engineering controls, including turbidity curtains and booms, will be implemented during this dredging work to capture turbid water and sheens and mitigate potential NAPL migration. Additionally, both community air monitoring and water quality monitoring will be performed. Dredged sediment will be loaded onto water-tight barges or scows for decanting and transport, then unloaded via an existing bulkhead and moved to a temporary staging and support area. This temporary staging and support area, which will be constructed upland on the tax parcel directly east of the project area, will be set up for sediment processing and final loading of materials for offsite upland disposal. The area will also include a temporary water treatment structure to facilitate discharge of wastewater streams (e.g., decanted water) to the river. Ultimately, the dredged area will be restored with clean backfill. The project is located at the Operable Unit 2 at the Water Street Manufactured Gas Plant in the city of Hudson, Columbia County, on the Hudson River.

The stated purpose of the proposed action is to remove contaminated sediment from the Hudson River riverbed.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/01/f-2023-0552.pdf> or at <https://dos.ny.gov/public-notices>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or February 1, 2024.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State

F-2023-0914 (DA)

Date of Issuance – January 17, 2024

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The United States Department of Housing and Urban Development (HUD) has determined that the proposed activity will be undertaken



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

January 17, 2024

Dear Colleague:

The New York State Department of Health (“NYSDOH”) is requesting to amend the 1115 Medicaid Redesign Team Waiver to allow for continuous eligibility for children up to the age of six. Continuous enrollment would ensure that children receiving Medicaid and CHP remain enrolled in health coverage during the first years of their lives, improve continuity of care, and promote health equity.

Gaps in coverage for young children can be detrimental to their long-term health and well-being. During the COVID-19 pandemic, children faced interruptions in physical health, behavioral health, and social care while simultaneously enduring severe negative life experiences. Early data on the effects of COVID-19 on New York’s children estimated that about 4,200 children lost a parent or caregiver, 325,000 children were pushed into or near poverty, and 24,000 children experienced an additional Adverse Childhood Experience. These experiences can have negative long-term implications for children’s mental and physical health, educational attainment, and financial security.

NYS has a longstanding continuous eligibility policy for children. The State adopted the 12-month continuous coverage state plan option for children in 1999. While the current continuous eligibility policy is effective in maintaining coverage during the 12 months between redeterminations, even with a streamlined renewal process, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus. While NYS has developed a robust outreach plan for the Medicaid public health emergency unwind and redeterminations for all Medicaid members, the State still expects some procedural disenrollments due to unreturned paperwork or income volatility. Having a continuous enrollment policy in place for children from birth up to age six could mitigate some of these losses during the later months of the unwinding.

This proposal is aimed at ending churn for young children and will not change eligibility limits for Children’s Medicaid or Child Health Plus. New York State currently covers children ages zero to one up to 223 percent FPL and children ages one to six up to 154 percent FPL with Medicaid funds and up to 400 percent FPL with Children’s Health Insurance Program (CHIP) funds. NYS will continue to allow disenrollment for individuals who are no longer NYS residents, client request, those who enrolled in error, non-compliance with eligibility requirements, death, and for individuals receiving treatment in a setting where Medicaid eligibility is not available (e.g., institution for mental disease).

The anticipated impact of this amendment on Tribal members is that members will benefit from improved continuity of care and uninterrupted coverage during the early years of their lives contributing to better long-term health and well-being.

Eligibility, Benefits, and Cost-Sharing Changes

NYS is not seeking to modify existing eligibility criteria for Medicaid and Child Health Plus. The populations affected by this amendment request are:

1. Children in Medicaid from birth to age six, even if a child's family income exceeds eligibility limits. NYS estimates 60,152 enrollees will be continuously enrolled in the first year under this amendment, and 60,152 will be continuously enrolled during DY27 to DY28.
2. Children in Child Health Plus from birth to age six, even if a child's family income exceeds eligibility limits. NYS estimates 6,025 enrollees will be continuously enrolled in the first year under this amendment, and 6,025 will be continuously enrolled during DY27 to DY28.

Benefits provided under this waiver amendment request, as well as cost-sharing requirements, will not change from those provided under the Medicaid or Child Health Plus state plan.

Enrollment and Fiscal Projections

The addition of the continuous eligibility for children from birth up to age six to New York's MRT 1115 Demonstration is estimated to result in an additional enrollment of approximately 66,177 members annually. Current average annual enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$45.2 billion by \$44.5 million. More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

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1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)

Proposal	DY24	DY25	DY26	DY27	DY28	Total
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Estimated Cost- Continuous Eligibility Ages 0 up to 6	-	-	\$23	\$45	\$45	\$112
Total Estimated Cost:	\$37,740	\$44,009	\$46,250	\$48,080	\$50,080	\$226,158

Hypotheses and Evaluation

NYS will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing evaluation design to evaluate the hypotheses identified below and will include the methodology, measures, and data sources that will be used to assess the impact of the amendment. This evaluation design will be incorporated into the current, approved evaluation design.

Hypothesis	Example Measures (Not Final)	Data Sources
Goal: Expand coverage to additional low-income New Yorkers (Children from birth up to age six)		
Hypothesis 1: More individuals in the targeted population will be enrolled in Medicaid		
Was the percentage of uninsured children reduced?	Examine health care coverage for children from birth up to age six by race and ethnicity to determine uninsured rates over time.	Behavioral Risk Factor Surveillance System National Survey of Children's Health (Children enrolled in Medicaid)
Hypothesis 2: Members will have more comprehensive coverage		
Did continuous eligibility for children up to age six reduce gaps in coverage for young children enrolled in Medicaid and CHIP?	Examine enrollment data for children by race and ethnicity to determine churn rate over time.	State reported data

Waiver and Expenditure Authorities

In addition to the Waiver and Expenditure authorities already granted in the current 1115 waiver demonstration, the State is requesting the following Waiver and Expenditure authorities necessary to implement the continuous eligibility for children from birth up to age six.

Waiver Authority

#	Authority	Waived
1	To permit New York to waive the annual redetermination requirements with respect to income eligibility and requirements for individuals to report and the agency to act on changes, thereby providing continuous Medicaid enrollment for children until their sixth birthday.	42 CFR 435.916
2	To enable New York to waive the annual redetermination requirements, including required procedures for reporting and acting on changes, thereby providing continuous Child Health Plus enrollment for children until their sixth birthday.	42 CFR 457.343

Expenditure Authority

#	Program	Authority
1	Continuous enrollment for children	Expenditures to allow federal financial participation for the continuous enrollment of children in Medicaid and Child Health Plus without regard to whether a child's family income exceeds eligibility limits.

Submission and Review of Public Comments

A draft of the proposed amendment request is available for review under the "MRT 1115 Waiver Amendments" tab, under "Continuous Medicaid and Child Health Plus Eligibility for Children up to Age Six" at:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm. For individuals with limited online access and require special accommodation to access paper copies, please call (518) 473-0868. In addition, the Department of Health will be hosting two virtual public hearings, on February 21, 2024, and February 28, 2024, during which the public may provide oral comments. The February 28, 2024, public hearing will also serve as the Annual 1115 Public forum, during which the public may also provide oral comments on the entirety of New York's Medicaid Redesign Team 1115 waiver. Any updates related to the public hearings will be sent via the MRT Listserv.

Prior to finalizing the proposed amendment application, the Department of Health will consider all written and verbal comments received. These comments will be summarized in the final submitted version. The Department will post a transcript of the public hearings and 1115 Annual Public Forum on the following website:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

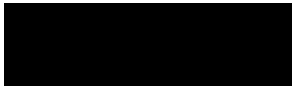
Written comments will be accepted by email at 1115waivers@health.ny.gov (please include "Continuous Eligibility for Children up to Age Six 1115 Amendment" in the subject line) **or** by mail at:

NYS Department of Health
Office of Health Insurance Programs
Waiver Management Unit
99 Washington Avenue
8th Floor, Suite 826
Albany, NY 12210

All written comments must be postmarked or emailed by **February 23, 2024**.

We look forward to our continued collaboration.

Sincerely,



Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

cc: Phil Alotta, NYSDOH
Selena Hajjani, NYSDOH
Michele Hamel, NYSDOH
Sean Hightower, HHS
Nancy Grano, CMS

New York 1115 Amendment: Continuous Eligibility Waiver Amendment

Introduction

New York State (NYS) is requesting approval from the Centers for Medicare and Medicaid Services (CMS) for an amendment to its Medicaid Redesign 1115 Demonstration that would keep children enrolled in health coverage, improve continuity of care, and promote health equity. The amendment would authorize continuous enrollment for Children's Medicaid and Child Health Plus (New York State's CHIP program) coverage for children during the first six years of their lives and federal Medicaid and Children's Health Insurance Program (CHIP) matching funds without regard to whether a child's family income exceeds eligibility limits. As of November 2023, there were a total of 2.3 million children enrolled in Medicaid and 429,262 enrolled in Child Health Plus, while only 2.6% of children were uninsured. Please see Title XXI Allotment Neutrality Workbook for details on the CHIP population.

On March 23, 2022, NYS received approval from CMS to renew the Medicaid Redesign 1115 Demonstration for an additional five years. New York State also received approval from CMS for the New York Health Equity Reform (NYHER) 1115 waiver amendment that will allow Medicaid to pay for certain health-related social need (HRSN) services, including for children, on January 9, 2024. The current Medicaid Redesign 1115 Demonstration is effective through March 31, 2027.

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS									
2										
3										
4	ELIGIBILITY	BASE YEAR (DY 21)		DY 24 (4/1/22 - 3/31/23)	DY 25 (4/1/23 - 3/31/24)	DY 26 (4/1/24-3/31/25)	DY 27 (4/1/25-3/31/26)	DY 28 (4/1/26-3/31/27)	TOTAL	
5	GROUP	(4/1/19 - 3/30/20)	Trend Rate						WOW	
6	MEG 1: TANF Children 1-20									
7	Pop Type: Main									
8	Eligible Member Months	22,043,598	-	31,052,990	21,987,344	21,987,344	21,987,344	21,987,344	21,987,344	
9	PMPM Cost	\$ 274.63	2.8%	\$ 298.92	\$ 306.70	\$ 315.29	\$ 324.12	\$ 332.20		
10	Total Expenditure			\$ 9,282,359,771	\$ 6,743,518,405	\$ 6,932,389,690	\$ 7,126,537,937	\$ 7,326,183,021	\$ 37,410,988,823	
11	MEG 2: TANF Adults 21-64									
12	Pop Type: Main									
13	Eligible Member Months	6,215,381	-	8,425,260	5,977,119	6,014,949	6,053,018	6,091,329		
14	PMPM Cost	\$ 724.05	5.3%	\$ 845.39	\$ 890.20	\$ 937.38	\$ 987.06	\$ 1,039.37		
15	Total Expenditure			\$ 7,122,630,551	\$ 5,320,831,334	\$ 5,638,292,894	\$ 5,974,691,947	\$ 6,331,144,623	\$ 30,387,591,349	
16	MEG 3: SSI 0-64									
17	Pop Type: Main									
18	Eligible Member Months	3,887,882	-	5,237,485	4,495,236	4,495,236	4,495,236	4,495,236		
19	PMPM Cost	\$ 2,126.11	4.3%	\$ 2,412.34	\$ 2,516.07	\$ 2,624.26	\$ 2,737.10	\$ 2,854.80		
20	Total Expenditure			\$ 12,634,594,565	\$ 11,310,328,443	\$ 11,796,668,025	\$ 12,303,910,456	\$ 12,832,999,733	\$ 60,878,501,221	
21	MEG 4: SSI 65+									
22	Pop Type: Main									
23	Eligible Member Months	543,505	-	1,094,155	423,073	423,073	423,073	423,073		
24	PMPM Cost	\$ 1,973.08	3.9%	\$ 2,213.05	\$ 2,299.36	\$ 2,389.04	\$ 2,482.21	\$ 2,579.02		
25	Total Expenditure			\$ 2,421,419,723	\$ 972,797,133	\$ 1,010,738,320	\$ 1,050,156,031	\$ 1,091,113,728	\$ 6,546,224,936	
26	MEG 5: Non-duals 18-64									
27	Pop Type: Main									
28	Eligible Member Months	157,805	-	157,836	195,354	197,130	198,922	200,731		
29	PMPM Cost	\$ 6,763.46	4.3%	\$ 7,674.00	\$ 8,003.98	\$ 8,348.15	\$ 8,707.12	\$ 9,081.53		
30	Total Expenditure			\$ 1,211,233,464	\$ 1,563,609,509	\$ 1,645,670,810	\$ 1,732,037,725	\$ 1,822,944,598	\$ 7,975,496,105	
31	MEG 6: Non-duals 65+									
32	Pop Type: Main									
33	Eligible Member Months	45,864	-	52,971	71,253	73,480	75,776	78,144		
34	PMPM Cost	\$ 6,574.94	3.9%	\$ 7,374.60	\$ 7,662.21	\$ 7,961.04	\$ 8,271.52	\$ 8,594.11		
35	Total Expenditure			\$ 390,639,937	\$ 545,955,449	\$ 584,977,219	\$ 626,782,700	\$ 671,578,132	\$ 2,819,933,436	
36	MEG 7: MLTC Adult 18-64 Duals									
37	Pop Type: Main									
38	Eligible Member Months	427,818	-	354,787	575,556	580,788	586,068	591,396		
39	PMPM Cost	\$ 3,643.74	4.3%	\$ 4,134.27	\$ 4,312.04	\$ 4,497.46	\$ 4,690.85	\$ 4,892.56		
40	Total Expenditure			\$ 1,466,785,250	\$ 2,481,820,494	\$ 2,612,070,798	\$ 2,749,157,078	\$ 2,893,440,414	\$ 12,203,274,035	
41	MEG 8: MLTC Adult 65+ Duals									
42	Pop Type: Main									
43	Eligible Member Months	2,490,196	-	2,447,503	2,848,983	2,938,014	3,029,827	3,124,509		
44	PMPM Cost	\$ 5,073.30	3.9%	\$ 5,690.32	\$ 5,912.24	\$ 6,142.82	\$ 6,382.39	\$ 6,631.30		
45	Total Expenditure			\$ 13,927,075,271	\$ 16,843,871,252	\$ 18,047,691,159	\$ 19,337,537,547	\$ 20,719,556,532	\$ 88,875,731,761	
46	New Adult Group									
47	Pop Type: Hypothetical									
48	Eligible Member Months	21,381,037	-	27,880,053	20,062,097	20,062,097	20,062,097	20,062,097		
49	PMPM Cost	\$ 624.56	5.8%	\$ 739.66	\$ 782.56	\$ 827.95	\$ 875.97	\$ 926.78		
50	Total Expenditure			\$ 20,621,760,002	\$ 15,699,794,628	\$ 16,610,413,211	\$ 17,573,795,109	\$ 18,593,150,258	\$ 89,098,913,208	
51	Family of One Non-1915 Children									
52	Pop Type: Hypothetical									
53	Eligible Member Months	5,151	-	11,186	6,882	6,882	6,882	6,882		
54	PMPM Cost	\$ 4,764.24	0.0%	\$ 4,764.24	\$ 4,764.24	\$ 4,764.24	\$ 4,764.24	\$ 4,764.24		
55	Total Expenditure			\$ 53,292,789	\$ 32,787,500	\$ 32,787,500	\$ 32,787,500	\$ 32,787,500	\$ 184,442,787	

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J
66										
67	SUD IMD MEGs									
68	Pop Type: Hypothetical									
69										
70	SUD IMD TANF Children 1 to 20 *									
71	Eligible Member Months	189	-		225	259	290	319		
72	PMPM Cost	\$ 298.35	4.9%		\$ 312.97	\$ 328.31	\$ 344.40	\$ 361.28		
73	Total Expenditure				\$ 70,418	\$ 85,032	\$ 99,876	\$ 115,248	\$ 370,575	
74										
75	SUD IMD TANF Adults 21 to 64 *									
76	Eligible Member Months	1,095	-		1,275	1,432	1,566	1,678		
77	PMPM Cost	\$ 845.39	4.8%		\$ 885.97	\$ 928.50	\$ 973.07	\$ 1,019.78		
78	Total Expenditure				\$ 1,129,612	\$ 1,329,612	\$ 1,523,828	\$ 1,711,191	\$ 5,694,242	
79										
80	SUD IMD SSI 0 to 64 *									
81	Eligible Member Months	688	-		809	917	1,013	1,096		
82	PMPM Cost	\$ 2,412.34	5.0%		\$ 2,532.96	\$ 2,659.61	\$ 2,792.59	\$ 2,932.22		
83	Total Expenditure				\$ 2,049,165	\$ 2,438,862	\$ 2,828,894	\$ 3,213,713	\$ 10,530,634	
84										
85	SUD IMD New Adult Group *									
86	Eligible Member Months	24647.0	-		28,566	31,920	34,741	37,060		
87	PMPM Cost	\$ 739.66	4.6%		\$ 773.68	\$ 809.27	\$ 846.50	\$ 885.44		
88	Total Expenditure				\$ 22,100,943	\$ 25,831,898	\$ 29,408,257	\$ 32,814,406	\$ 110,155,504	
89										
90	SUD IMD FFS *									
91	Eligible Member Months	6658			6,747	6,837	6,929	7,021		
92	PMPM Cost	\$ 7,449.29	4.8%		\$ 7,806.86	\$ 8,181.59	\$ 8,574.31	\$ 8,985.88		
93	Total Expenditure				\$ 52,672,884	\$ 55,937,531	\$ 59,411,394	\$ 63,089,863	\$ 231,111,673	
94										
95	TOTAL				\$ 78,023,022	\$ 85,622,936	\$ 93,272,248	\$ 100,944,422	\$ 357,862,628	
96										
97										
98	HRSN Direct Services									
99	Pop Type: Capped Hypothetical									
100	Total Expenditure			\$ -	\$ -	\$ 662,773,442.00	\$ 1,170,243,946.00	\$ 1,340,243,946.00	\$ 3,173,261,334	
101										
102	HRSN Infrastructure (Social Care Networks)									
103	Pop Type: Capped Hypothetical									
104	Total Expenditure			\$ -	\$ -	\$ 260,000,000.00	\$ 190,000,000.00	\$ 50,000,000.00	\$ 500,000,000	
105										
106										
107	Continuous Eligibility for Children Ages 0-6									
108	Pop Type: Hypothetical									
109										
110	Medicaid									
111	Eligible Member Months					180,457	721,826	721,826		
112	PMPM Cost					\$ 73.42	\$ 73.42	\$ 73.42		
113	Total Expenditure					\$ 13,250,000	\$ 53,000,000	\$ 53,000,000	\$ 119,250,000	
114										
115	TOTAL					\$ 13,250,000	\$ 53,000,000	\$ 53,000,000	\$ 119,250,000	
116										
117										
118	NOTES									
119	DY24 member months reflect actuals for Apr 2022 - Sep 2022 and projections for Oct 2022 - Mar 2023.									
120	* The base year for the MEG is 4/1/2022 - 3/31/2023									

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	Trend Rate	DY 24 (4/1/22 - 3/31/23)	DY 0 of Amendment DY 25 (4/1/23 - 3/31/24)	DY 1 of Amendment DY 26 (4/1/24-3/31/25)	DY 2 of Amendment DY 27 (4/1/25-3/31/26)	DY 3 of Amendment DY 28 (4/1/26-3/31/27)	TOTAL WW
MEG 1: TANF Children 1-20							
Pop Type: Main							
Eligible Member Months	-	31,052,990	21,987,344	21,987,344	21,987,344	21,987,344	
PMPM Cost	-	\$ 280.79	\$ 307.49	\$ 316.30	\$ 325.36	\$ 334.68	
Total Expenditure		\$8,719,369,062	\$6,760,888,407	\$6,954,596,907	\$7,153,802,244	\$7,358,724,290	\$ 36,947,380,910
MEG 2: TANF Adults 21-64							
Pop Type: Main							
Eligible Member Months	-	8,425,260	5,977,119	6,014,949	6,053,018	6,091,329	
PMPM Cost	-	\$ 645.25	\$ 813.50	\$ 837.54	\$ 862.29	\$ 887.77	
Total Expenditure		\$5,436,399,015	\$4,862,386,307	\$5,037,760,385	\$5,219,456,891	\$5,407,699,146	\$ 25,963,701,745
MEG 3: SSI 0-64							
Pop Type: Main							
Eligible Member Months	-	5,237,485	4,495,236	4,495,236	4,495,236	4,495,236	
PMPM Cost	-	\$ 1,482.78	\$ 2,623.27	\$ 2,764.76	\$ 2,913.88	\$ 3,071.04	
Total Expenditure		\$7,766,038,008	\$11,792,217,742	\$12,428,248,683	\$13,098,578,276	\$13,805,049,565	\$ 58,890,132,275
MEG 4: SSI 65+							
Pop Type: Main							
Eligible Member Months	-	1,094,155	423,073	423,073	423,073	423,073	
PMPM Cost	-	\$ 1,258.60	\$ 2,434.45	\$ 2,565.75	\$ 2,704.14	\$ 2,849.99	
Total Expenditure		\$1,377,103,483	\$1,029,950,065	\$1,085,499,550	\$1,144,048,622	\$1,205,753,819	\$ 5,842,355,539
MEG 5: Non-duals 18-64							
Pop Type: Main							
Eligible Member Months	-	157,836	195,354	197,130	198,922	200,731	
PMPM Cost	-	\$ 7,099.76	\$ 6,990.06	\$ 7,047.89	\$ 7,106.20	\$ 7,164.99	
Total Expenditure		\$1,120,597,719	\$1,365,536,181	\$1,389,350,556	\$1,413,579,516	\$1,438,235,608	\$ 6,727,299,580
MEG 6: Non-duals 65+							
Pop Type: Main							
Eligible Member Months	-	52,971	71,253	73,480	75,776	78,144	
PMPM Cost	-	\$ 4,683.43	\$ 6,795.23	\$ 6,851.45	\$ 6,908.13	\$ 6,965.28	
Total Expenditure		\$248,085,971	\$484,180,523	\$503,444,546	\$523,470,459	\$544,294,840	\$ 2,303,476,339
MEG 7: MLTC Adult 18-64 Duals							
Pop Type: Main							
Eligible Member Months	-	354,787	575,556	580,788	586,068	591,396	
PMPM Cost	-	\$ 4,399.60	\$ 3,765.82	\$ 3,796.97	\$ 3,828.38	\$ 3,860.05	
Total Expenditure		\$1,560,920,885	\$2,167,440,296	\$2,205,234,612	\$2,243,691,010	\$2,282,818,130	\$ 10,460,104,933
MEG 8: MLTC Adult 65+ Duals							
Pop Type: Main							
Eligible Member Months	-	2,447,503	2,848,983	2,938,014	3,029,827	3,124,509	
PMPM Cost	-	\$ 4,655.45	\$ 5,243.28	\$ 5,286.66	\$ 5,330.40	\$ 5,374.50	
Total Expenditure		\$11,394,227,841	\$14,938,015,584	\$15,532,281,093	\$16,150,189,841	\$16,792,673,621	\$ 74,807,387,980
MEG 9: BH HCBS							
Pop Type: WW-only CNOM							
Total Expenditure		\$ 20,221,417	\$ 23,280,618	\$ 26,802,632	\$ 30,857,474	\$ 35,525,753	\$ 136,687,894
MEG 10: Demonstration Only Services in MMMC							
Pop Type: WW-only CNOM							
Total Expenditure		\$ 45,723,857	\$ 44,437,720	\$ 43,187,760	\$ 41,972,959	\$ 40,792,328	\$ 216,114,624
MEG 11: Transportation (to HRSN Services)							
Pop Type: WW-only CNOM							
Total Expenditure		-	-	\$ 24,818,814	\$ 61,745,308	\$ 61,745,308	\$ 148,309,430
MEG 12: Cooking Supplies							
Pop Type: WW-only CNOM							
Total Expenditure		-	-	\$ 7,209,161	\$ 17,613,583	\$ 17,613,583	\$ 42,436,326
MEG 13: Medicaid Hospital Global Budget Initiative							
Pop Type: WW-only CNOM							
Total Expenditure		-	\$ 550,000,000	\$ 550,000,000	\$ 550,000,000	\$ 550,000,000	\$ 2,200,000,000
MEG 14a: Student Loan Repayment							
Pop Type: WW-only CNOM							
Total Expenditure		-	-	\$ 12,075,000	\$ 24,150,000	\$ 12,075,000	\$ 48,300,000
MEG 14b: Career Pathways Training (CPT)							
Pop Type: WW-only CNOM							
Total Expenditure		-	-	\$ 175,770,000	\$ 310,480,000	\$ 159,500,000	\$ 645,750,000
MEG 15: DSHP							
Pop Type: WW-only CNOM							
Total Expenditure		\$ -	\$ 1,512,948,150	\$ 915,731,775	\$ 836,102,925	\$ 716,659,650	\$ 3,981,442,500
MEG 16: HERO (Health Equity Regional Organization)							
Pop Type: WW-only CNOM							
Total Expenditure		\$ -	\$ -	\$ 50,000,000	\$ 40,000,000	\$ 35,000,000	\$ 125,000,000
MEG 17: HCBS Expansion							
Pop Type: WW-only CNOM							
Total Expenditure		\$ 16,700	\$ 558,867	\$ 558,867	\$ 558,867	\$ 558,867	\$ 2,252,168
MEG 18: Institution to Community							
Pop Type: WW-only CNOM							
Total Expenditure		\$ 6,328,014	\$ 19,437,150	\$ 19,884,564	\$ 20,342,311	\$ 20,810,556	\$ 86,802,595
MEG 19: Brokerage Fees							
Pop Type: WW-only CNOM							
Total Expenditure		\$ -	\$ -	\$ 198,582	\$ 397,164	\$ 397,164	\$ 992,910
New Adult Group							
Pop Type: Hypothetical							
Eligible Member Months	-	27,880,053	20,062,097	20,062,097	20,062,097	20,062,097	
PMPM Cost	5.8%	\$ 739.66	\$ 782.56	\$ 827.95	\$ 875.97	\$ 926.78	
Total Expenditure		\$ 20,621,760,002	\$ 15,699,794,628	\$ 16,610,413,211	\$ 17,573,795,109	\$ 18,593,150,258	\$ 89,098,913,208
Family of One Non-1915 Children							
Pop Type: Hypothetical							
Eligible Member Months	-	11,186	6,882	6,882	6,882	6,882	
PMPM Cost	0.0%	\$ 4,764.24	\$ 4,764.24	\$ 4,764.24	\$ 4,764.24	\$ 4,764.24	
Total Expenditure		\$ 53,292,789	\$ 32,787,500	\$ 32,787,500	\$ 32,787,500	\$ 32,787,500	\$ 184,442,787
SUD IMD MEGs							
Pop Type: Hypothetical							

SUD IMD TANF Children 1 to 20							
Eligible Member Months	-		225	259	290	319	
PMPM Cost	4.9%	\$	312.97	\$ 328.31	\$ 344.40	\$ 361.28	
Total Expenditure		\$	70,418	\$ 85,032	\$ 99,876	\$ 115,248	370,575
SUD IMD TANF Adults 21 to 64							
Eligible Member Months	-		1,275	1,432	1,566	1,678	
PMPM Cost	4.8%	\$	885.97	\$ 928.50	\$ 973.07	\$ 1,019.78	
Total Expenditure		\$	1,129,612	\$ 1,329,612	\$ 1,523,828	\$ 1,711,191	5,694,242
SUD IMD SSI 0 to 64							
Eligible Member Months	-		809	917	1,013	1,096	
PMPM Cost	5.0%	\$	2,532.96	\$ 2,659.61	\$ 2,792.59	\$ 2,932.22	
Total Expenditure		\$	2,049,165	\$ 2,438,862	\$ 2,828,894	\$ 3,213,713	10,530,634
SUD IMD New Adult Group							
Eligible Member Months	-		28,566	31,920	34,741	37,060	
PMPM Cost	4.6%	\$	773.68	\$ 809.27	\$ 846.50	\$ 885.44	
Total Expenditure		\$	22,100,943	\$ 25,831,898	\$ 29,408,257	\$ 32,814,406	110,155,504
SUD IMD FFS							
Eligible Member Months	-		6,747	6,837	6,929	7,021	
PMPM Cost	4.8%	\$	7,806.86	\$ 8,181.59	\$ 8,574.31	\$ 8,985.88	
Total Expenditure		\$	52,672,884	\$ 55,937,531	\$ 59,411,394	\$ 63,089,863	231,111,673
TOTAL		\$	78,023,022	\$ 85,622,936	\$ 93,272,248	\$ 100,944,422	357,862,628

Capped Hypothetical 1: HRSN Direct Services							
Pop Type: Capped Hypothetical							
Total Expenditure		\$	-	\$ 662,773,442	\$ 1,170,243,946	\$ 1,340,243,946	\$ 3,173,261,334

Capped Hypothetical 2: HRSN Infrastructure							
Pop Type: Capped Hypothetical							
Total Expenditure		\$	-	\$ 260,000,000	\$ 190,000,000	\$ 50,000,000	\$ 500,000,000

Continuous Eligibility for Children Ages 0-6							
Pop Type: Hypothetical							
Medicaid							
Eligible Member Months			180,457	721,826	721,826		
PMPM Cost		\$	73.42	\$ 73.42	\$ 73.42		
Total Expenditure		\$	13,250,000	\$ 53,000,000	\$ 53,000,000		119,250,000
TOTAL		\$	13,250,000	\$ 53,000,000	\$ 53,000,000		119,250,000

State of New York				DRAFT
Fiscal Impact Estimate – Continuous Enrollment for Children of age 0-6 years				
Implementation Date	01/01/2025			
SFY 24-25 Months	3			
Member Months	DY 26 (4/1/24- 3/31/25)	DY 27 (4/1/25- 3/31/26)	DY 28 (4/1/26- 3/31/27)	
Medicaid	180,457	721,826	721,826	
CHP	18,075	72,300	72,300	
Total Expenditures	DY 26 (4/1/24- 3/31/25)*	DY 27 (4/1/25- 3/31/26)	DY 28 (4/1/26- 3/31/27)	
Medicaid	\$ 7,000,000	\$ 53,000,000	\$ 53,000,000	
CHP	\$ 750,000	\$ 7,000,000	\$ 7,000,000	
*DY26 calculated at 25% of expected annual cost for the amendme				
Summarized impact				
	SFY24-25		SFY25-26	
	Low	High	Low	High
Gross Impact - Medicaid	\$ 8,000,000	\$ 28,000,000	\$ 18,000,000	\$ 53,000,000
Gross Impact - CHP	\$ 1,000,000	\$ 3,000,000	\$ 2,000,000	\$ 7,000,000
State Share - Medicaid	\$ 4,000,000	\$ 14,000,000	\$ 9,000,000	\$ 26,500,000
State Share - CHP	\$ 540,000	\$ 1,620,000	\$ 1,080,000	\$ 3,780,000
	Low	High		
TANF Kids 0-5: Estimated SFY2023-24 Average Membership each month	669,760	669,760		
FFS Kids 0-5: Estimated SFY2023-24 Average Membership each month	52,066	52,066		
CHP Kids 0-5: Estimated SFY2024-25 Average Membership each month	72,300	72,300		
Avoidable Annual Churn Rate	6.5%	8.0%		
TANF Kids 0-5: Avoidable Membership Churn	43,534	53,581		
FFS Kids 0-5: Avoidable Membership Churn	3,384	4,165		
CHP Kids 0-5: Avoidable Membership Churn	4,700	5,784		
Avg duration of churn (months per member)	4.4	5.5		
TANF Kids 0-5: Additional Member Months	192,578	293,369		
FFS Kids 0-5: Additional Member Months	14,971	22,806		
CHP Kids 0-5: Additional Member Months	20,789	31,669		
TANF Kids: SFY23-24 mid-estimate PMPM	\$ 215.75	\$ 215.75		
CHP: CY24 Average PMPM	\$ 272.53	\$ 272.53		
Annual PMPM Trend	3.0%	3.0%		
TANF Kids: SFY24-25 mid-estimate PMPM	\$ 222.22	\$ 222.22		
FFS Kids: SFY24-25 Average PMPM	\$ 276.62	\$ 276.62		
CHP: SFY24-25 Average PMPM	\$ 276.62	\$ 276.62		
Reduced Costs PMPM for Otherwise Disenrolled Months (Multiplier)	40%	50%		
TANF Kids: SFY24-25 Average PMPM for Disenrolled Months	\$ 88.89	\$ 111.11		
FFS Kids: SFY24-25 Average PMPM for Disenrolled Months	\$ 110.65	\$ 138.31		
CHP: SFY24-25 Average PMPM for Disenrolled Months	\$ 110.65	\$ 138.31		
Avoided Costs PMPM First Month After Churn (Multiplier)	(0.57)	(0.57)		
TANF Kids: SFY24-25 Avoided Costs PMPM First Month After Churn	\$ (126.98)	\$ (126.98)		
FFS Kids: SFY24-25 Avoided Costs PMPM First Month After Churn	\$ (158.07)	\$ (158.07)		
CHP: SFY24-25 Avoided Costs PMPM First Month After Churn	\$ (158.07)	\$ (158.07)		
Admin savings (per churn)	\$ (100.00)	\$ -		
TANF Kids 0-5: SFY24-25 Impact	\$ 7,236,464	\$ 25,792,764		
FFS Kids 0-5: SFY24-25 Impact	\$ 783,092	\$ 2,495,896		
CHP 0-5: SFY24-25 Impact	\$ 1,087,419	\$ 3,465,856		
Total 0-5: SFY24-25 Impact	\$ 9,106,976	\$ 31,754,515		
Annual Enrollment Growth	0.6%	1.2%		
TANF Kids 0-5: Estimated SFY2025-26 Average Membership Growth (MM)	48,223	96,445		
FFS Kids 0-5: Estimated SFY2025-26 Average Membership Growth (MM)	3,749	7,498		
CHP Kids 0-5: Estimated SFY2025-26 Average Membership Growth (MM)	5,206	10,411		
Cost Reduction Factor	0.80	1.00		
TANF Kids: SFY25-26 PMPM for Enrollment Growth	\$183.11	\$228.89		
FFS Kids: SFY25-26 PMPM for Enrollment Growth	\$227.93	\$284.92		
CHP: SFY25-26 PMPM for Enrollment Growth	\$227.93	\$284.92		
TANF Kids 0-6: SFY25-26 Impact	\$ 16,283,718	\$ 48,641,945		
FFS Kids 0-6: SFY25-26 Impact	\$ 1,661,056	\$ 4,706,949		
CHP 0-6: SFY25-26 Impact	\$ 2,306,578	\$ 6,536,173		
Total 0-6: SFY25-26 Impact	\$ 20,251,351	\$ 59,885,067		

Approach:

The estimated fiscal impact is driven by enrollment growth c

High and low program cost estimates were developed basec
including: avoidable annual churn rate, average duration, ur
differing annual enrollment growth methodologies and cost
Final estimated costs for the amendment were determined i

Key Assumptions, Low/High Estimates:

Avoidable Annual Churn Rate

Avg duration of churn (months per member)

Reduced Costs PMPM for Otherwise Disenrolled Months
(Multiplier)

Admin savings (per churn)

Annual Enrollment Growth

Cost Reduction Factor

due to a reduction in churn as well as fewer disenrollments (outside of the impact of churn) over time.

Based on different key assumptions (listed and defined in the table below) concerning churn factors, realized costs resulting from disenrollment, and potential churn-related admin savings, as well as reduction from third party coverage.

using the high estimates.

Low end accounts for NY already offering 12-month continuous eligibility and 8% (high end) avoidable children churn rate based on MACPAC external research. These amounts are supported by an analysis we completed on churn in MMC for children 0-5. This rate is multiplied by enrollment to calculate Number of Avoided Churns.

Assumed average duration of churn in a 12-month period to be 4.4 months (low) and 5.5 months (high) based on analysis on New York Mainstream data for children 0-5 from 2017-2019.

Reduced PMPM rates by 60% (low) to 50% (high) to represent reduced spend during months that otherwise would not have been enrolled. For example, if enrolled in July / disenrolled in August / re-enrolled in September, this seeks to estimate cost to the State for now covering August. In theory, this would serve to decrease average rates PMPM (subsequently offset by increasing overall costs to the program due to more months of coverage). A similar methodology was relied on in the development of MMC SFY 23-24 Rates when evaluating the PHE unwind.

Assumed \$100 (low) and \$0 (high) per churn in savings related to administrative cost. This is intended to represent potential impact to administrative trend assumptions. Plans have not indicated reduced administrative spend throughout the PHE despite reduced churn.

Assumed a 0.6% (low) to 1.2% (high) enrollment growth due to continuous coverage (but not related to churn) based on analysis of NY Medicaid enrollment trends during the PHE. This enrollment growth is on top of what would be normal enrollment growth in upcoming years. Our analysis is still expecting the State to disenroll children age 0-5 for appropriate reasons (e.g., leaving the State, individuals requesting termination of eligibility, eligibility for third party insurance, fraud, etc.) outside of the redetermination process. To the extent the State actively pursues this type of disenrollment, the fiscal estimate could lean toward the lower end of the range. Regarding potential risks (e.g., concerns related to eligibility gaming behavior), no explicit adjustments were made. However, these types of issues would have also been evident during the PHE given continuous enrollment and PHE enrollment changes were analyzed as part of the enrollment growth assumption setting process.

Assumed a 0.8 factor (low) and 1 (high) for lower acuity members due to third party coverage for additional members covered due to enrollment growth rate.

Demonstration Budget Template for States Using CHIP Funds

10/1/2023-9/30/2024

10/1/2024-9/30/2025

	FFY24 Federal Fiscal Year 24	FFY25 Federal Fiscal Year 25
State's Allotment	\$ 1,465,534,436	\$ 1,465,534,436
Funds Carried Over From Prior Year(s)	\$ 1,292,679,414	\$ 1,292,679,414
SUBTOTAL (Allotment + Funds Carried Over)	\$ 2,758,213,850	\$ 2,758,213,850
Reallocated Funds (Redistributed or Retained that are Currently Available)		\$ -
TOTAL (Subtotal + Reallocated funds)	\$ 2,758,213,850	\$ 2,758,213,850
State's Enhanced FMAP Rate	65.00%	65.00%

COST PROJECTIONS OF DEMONSTRATION PROPOSAL		
Demonstration Population: CHIP Enrollees who receive 1115(a)(2) demonstration benefits		
Eligible User Months Annually	-	54,225
Average Users Per Month	-	4,519
Benefit Costs		
Fee for Service	\$ -	\$ 5,250,000
Fee for Service per member/per month rate @ # of eligibles		\$ 97
Total Benefit Costs	\$ -	\$ 5,250,000
Federal Title XXI Share	\$ -	\$ 3,412,500
State Share	\$ -	\$ 1,837,500
TOTAL COSTS FOR DEMONSTRATION	\$ -	\$ 5,250,000

Program Costs		
Total Title XXI Program Costs (Separate CHIP State Plan) (federal share)	\$ 301,548,532	\$ 301,548,532
Total Title XXI Program Costs (Targeted Low Income Children covered under the Medicaid State Plan) (federal share)		
Total Title XXI Program Costs (Demonstration)	\$ -	\$ 5,250,000
Total Federal XXI Share at enhanced FFP	\$ -	\$ 3,412,500
Total State XXI Share	\$ -	\$ 1,837,500
TOTAL PROGRAM COSTS (State Plan + Demonstration) (Federal Share)	\$ 301,548,532	\$ 304,961,032

Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	\$ 2,758,213,850	\$ 2,758,213,850
Total Federal Title XXI Program Costs (State Plan + Demonstration)	\$ 301,548,532	\$ 304,961,032
Unused Title XXI Funds Expiring (Allotment or Reallocated)	\$ 1,163,985,904	Unknown
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds)	\$ 1,292,679,414	\$ 2,453,252,818

10/1/2025-9/30/2026

10/1/2026-9/30/2027

10/1/2027-9/30/2028

FFY26 Federal Fiscal Year 26	FFY27 Federal Fiscal Year 27	FFY28 Federal Fiscal Year 28
\$ 1,465,534,436	\$ 1,465,534,436	\$ 1,465,534,436
\$ 2,453,252,818	\$ 3,612,688,722	\$ 4,772,124,626
\$ 3,918,787,254	\$ 5,078,223,158	\$ 6,237,659,062
\$ -	\$ -	\$ -
\$ 3,918,787,254	\$ 5,078,223,158	\$ 6,237,659,062
65.00%	65.00%	65.00%

72,300	72,300	72,300
6,025	6,025	6,025
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000
\$ 97	\$ 97	\$ 97
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000
\$ 4,550,000	\$ 4,550,000	\$ 4,550,000
\$ 2,450,000	\$ 2,450,000	\$ 2,450,000
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000

\$ 301,548,532	\$ 301,548,532	\$ 301,548,532
\$ 7,000,000	\$ 7,000,000	\$ 7,000,000
\$ 4,550,000	\$ 4,550,000	\$ 4,550,000
\$ 2,450,000	\$ 2,450,000	\$ 2,450,000
\$ 306,098,532	\$ 306,098,532	\$ 306,098,532

\$ 3,918,787,254	\$ 5,078,223,158	\$ 6,237,659,062
\$ 306,098,532	\$ 306,098,532	\$ 306,098,532
Unknown	Unknown	Unknown
\$ 3,612,688,722	\$ 4,772,124,626	\$ 5,931,560,530