

JAMES V. McDONALD, M.D., M.P.H. Commissioner **JOHANNE E. MORNE, M.S.**Acting Executive Deputy Commissioner

January 17, 2024

Dear Colleague:

Governor

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:

- 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.
- 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.

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	(2)	(2)	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
Estimated Cost- Continuous Eligibility Ages 0 up to 6	(E)	8	\$23	\$4 5	\$4 5	\$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 addition	nal low-income New Yorkers (Children	from birth up to age six)
Hypothesis 1: More individuals in t	he 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 m	ore 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 Hajiani, NYSDOH Michele Hamel, NYSDOH Sean Hightower, HHS Nancy Grano, CMS