



**Department
of Health**

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

March 28, 2025

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #25-0026

Dear Director Scott:

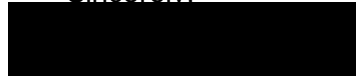
The State requests approval of the enclosed amendment #25-0026 to the Title XIX (Medicaid) State Plan effective January 1, 2025 (Appendix I).

A summary of the plan amendment is provided in Appendix II. A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III).

In keeping with our continued agreement, this amendment is being sent to you prior to the end of the first quarter.

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,



Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 2 6</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
§1902(a)(10)(C), 10(A)(ii)(XV), 10(A)(ii)(XVI), 1902(r)(2), 1905(w)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 01/01/25-09/30/25 \$ 22,677,165
b. FFY 10/01/25-09/30/26 \$ 71,055,115

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

MACPro Portal SPA

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

MACPro Portal SPA

9. SUBJECT OF AMENDMENT

2025 Medically Needy and Ticket to Work Resource Levels Change

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SUBMITTER'S NAME AND CONTACT INFORMATION
Amir Bassiri
13. TITLE
Medicaid Director
14. DATE SUBMITTED
March 28, 2025

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED
17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL
21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2025 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

[Records](#) / [Submission Packages](#) [Your State](#)

NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2025MS0001O	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY 25 0026	Region	New York, NY
Version Number	1	Package Status	Submitted
Submitted By	Michelle Levesque	Submission Date	3/28/2025
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

State Information

State/Territory Name:	New York	Medicaid Agency Name:	Department of Health
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID NY2025MS0001O

SPA ID NY 25 0026

Submission Type Official

Initial Submission Date 3/28/2025

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID NY 25 0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Resource Level	1/1/2025	NY-24-0059
Optional Eligibility Groups	1/1/2025	NY 23 0001
Ticket to Work Basic	1/1/2025	NY 23 0001
Ticket to Work Medical Improvements	1/1/2025	NY-23-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment updates the resource levels for the Medically Needy, Ticket to Work Basic Group, and the Ticket to Work Medical Improvement Group. The resource level continues to be calculated at one and half times the annual income level for households of one and two.

Federal Budget Impact and Statute/Regulation Citation






Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$22677165
Second	2026	\$71055115

Federal Statute / Regulation Citation

1902(a)(10)(C),1902(r)(2),1905(w), 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (25-0026) (2-24-25)	3/18/2025 3:04 PM EDT	
Original Submission Letter (25 0026)	3/27/2025 8:00 AM EDT	
Authorizing Provisions (25 0026)	3/27/2025 8:02 AM EDT	
Summary (25 0026)	3/27/2025 8:02 AM EDT	
HCFA (25 0026)(CMS 3 28 25)	3/28/2025 7:54 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

CMS 10434 OMB 0938 1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package
Optional Eligibility Groups	APPROVED

Non Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID NY2025MS0001O	SPA ID NY-25-0026
Submission Type Official	Initial Submission Date 3/28/2025
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/13/2025	paper mailing/electronic mail

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
3/13/2025	paper mailing/electronic mail

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Consultation Summary (25 0026) (3 13 25)	3/14/2025 8:05 AM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery

Other issue

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-24-0059		
	System-Derived		

Reviewable Unit Instructions

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-24-0059		
	System-Derived		

Reviewable Unit Instructions

B. Resource Level Used

The level used is:

Household size	Standard
1	\$32396.00
2	\$43781.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-24-0059		
	System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY 23 0001		
	System Derived		

Reviewable Unit Instructions

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

Reviewable Unit Instructions

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

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Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY 23 0001		
	System Derived		

Reviewable Unit Instructions

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

Reviewable Unit Instructions

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID NY2025MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID NY-23-0001
 System-Derived

SPA ID NY 25 0026
Initial Submission Date 3/28/2025
Effective Date 1/1/2025

Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
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Superseded SPA ID	NY-23-0001		
	System-Derived		

Reviewable Unit Instructions

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:

FPL 250.00%

- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

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Superseded SPA ID	NY-23-0001		
	System-Derived		

Reviewable Unit Instructions

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$32396.00

Couple \$43781.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

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	System-Derived		

Reviewable Unit Instructions

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

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	System-Derived		

Reviewable Unit Instructions

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY 23 0001		
	System Derived		

Reviewable Unit Instructions

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID NY2025MS0001O

Submission Type Official

Approval Date N/A

Superseded SPA ID NY-23-0001
System-Derived

SPA ID NY 25 0026

Initial Submission Date 3/28/2025

Effective Date 1/1/2025

Reviewable Unit Instructions

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to Census activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
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Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level. This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

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Description of disregard: Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY 25 0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY 25 0026
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

Reviewable Unit Instructions

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

Ticket to Work Medical Improvements

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	System-Derived		

Reviewable Unit Instructions

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$32396.00

Couple \$43781.00

Ticket to Work Medical Improvements

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E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

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Reviewable Unit Instructions

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938 1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Appendix II
2025 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #25-0026

This State Plan Amendment proposes to update the resource levels for the Medically Needy, Ticket to Work Basic Group, and the Ticket to Work Medical Improvement Group. The resource level continues to be calculated at one and half times the annual income level for households of one and two.

Appendix III
2025 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

SPA 25-0026

§ 366.1(c)(2)

(c) Non-MAGI eligibility groups. Individuals listed in this paragraph are eligible for standard coverage. Where a financial eligibility determination must be made by the medical assistance program for individuals in these groups, such financial eligibility will be determined in accordance with subdivision two of this section.

(2) An individual who, although not receiving public assistance or care for his or her maintenance under other provisions of this chapter, has income and resources, including available support from responsible relatives, that does not exceed the amounts set forth in paragraph (a) of subdivision two of this section, and is (i) sixty-five years of age or older, or certified blind or certified disabled or (ii) for reasons other than income or resources, is eligible for federal supplemental security income benefits and/or additional state payments.

§ 366.1(b)(2)(d)

(d) Resource eligibility shall be established in accordance with the requirements of paragraph (a) of this subdivision.

(a) The following income and resources shall be exempt and shall not be taken into consideration in determining a person's eligibility for medical care, services and supplies available under this title:

(1)(ii) for applications for medical assistance filed on or after January first, two thousand six, a homestead which is essential and appropriate to the needs of the household; provided, however, that in determining eligibility of an individual for medical assistance for nursing facility services and other long term care services, the individual shall not be eligible for such assistance if the individual's equity interest in the homestead exceeds seven hundred fifty thousand dollars; provided further, that the dollar amount specified in this clause shall be increased, beginning with the year two thousand eleven, from year to year, in an amount to be determined by the secretary of the federal department of health and human services, based on the percentage increase in the consumer price index for all urban consumers, rounded to the nearest one thousand dollars. If such secretary does not determine such an amount, the department of health shall increase such dollar

amount based on such increase in the consumer price index. Nothing in this clause shall be construed as preventing an individual from using a reverse mortgage or home equity loan to reduce the individual's total equity interest in the homestead. The home equity limitation established

by this clause shall be waived in the case of a demonstrated hardship, as determined pursuant to criteria established by such secretary. The home equity limitation shall not apply if one or more of the following persons is lawfully residing in the individual's homestead: (A) the spouse of the individual; or (B) the individual's child who is under the age of twenty-one, or is blind or permanently and totally disabled, as defined in section 1614 of the federal social security act.

(2) essential personal property;

(3) a burial fund, to the extent allowed as an exempt resource under the cash assistance program to which the applicant is most closely related;

(4) savings in amounts equal to one hundred fifty percent of the income amount permitted under subparagraph seven of this paragraph, provided, however, that the amounts for one and two person households shall not be less than the amounts permitted to be retained by households of the same size in order to qualify for benefits under the federal supplemental security income program;