

**Children and Adults Health Programs Group**

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November 1, 2023

Lisa Sbrana  
Director  
Division of Eligibility and Marketplace Integration  
Office of Health Insurance Programs  
New York State Department of Health  
OHIP Mailroom, One Commerce Plaza, 12th floor - RM 1203  
Albany, NY 12260

Dear Director Sbrana:

This letter is in response to New York’s request for a waiver under section 1902(e)(14)(A) of the Social Security Act (the Act), that will protect beneficiaries in addressing the challenges the state faces as part of a transition to routine operations upon the expiration of the Medicaid continuous enrollment condition. Section 1902(e)(14)(A) allows for waivers “as are necessary to ensure that states establish income and eligibility determination systems that protect beneficiaries.” Such waivers are time-limited and are meant to promote enrollment and retention of eligible individuals by easing the administrative burden states may experience in light of systems limitations and challenges.

New York has requested that the Centers for Medicare & Medicaid Services (CMS) provide authority under section 1902(e)(14)(A) of the Act to temporarily waive the beneficiary asset test for renewals and assessing eligibility based on changes in circumstances for non-MAGI eligibility groups subject to an asset test. The state has expressed the need for this authority in order to address systems and operational issues related to the extraordinarily high volume of renewals and other eligibility and enrollment actions that need to be conducted during the unwinding period. Specifically, the state is concerned that the additional requests for information from beneficiaries that would otherwise be required will delay renewal processing, create unmanageable workload given limited staff capacity, and lead to an increase in procedural closures. Adopting this strategy will help the state increase renewal rates and reduce gaps in coverage.

Under Section 1902(e)(14)(A) of the Act, your request to temporarily waive the beneficiary asset test for renewals and assessing eligibility based on changes in circumstances for non-MAGI eligibility groups subject to an asset test, is approved, as described and subject to the conditions below.

***Renew and Maintain Eligibility Without Regard to the Asset Test for Non-MAGI Beneficiaries Subject to an Asset Test (Waiving Asset Test):***

As provided for in the state’s mitigation plan for purposes of complying with Medicaid renewal requirements described in the Consolidated Appropriations Act of 2023, the authority provided in accordance with this letter will enable the state, during the period of time specified below, to temporarily waive the beneficiary asset test for renewals. Additionally, in cases where the state receives asset information indicating potential ineligibility after a beneficiary has received notice that their coverage has been renewed for non-MAGI eligibility groups subject to an asset test, as

otherwise required per 42 C.F.R. § 435.916(a)(2), incorporated by cross reference in 42 C.F.R. § 435.916(b). The state must take appropriate steps to review income and the non-financial components of eligibility, consistent with the state’s existing policies and procedures outlined in the state’s verification plan implementing 42 C.F.R. §§ 435.916, 435.948, and 435.956, or through a renewal strategy authorized under section 1902(e)(14)(A) of the Act or other alternative processes and procedures approved by the Secretary of Health and Human Services. If the state receives asset information indicating potential ineligibility after a beneficiary has received notice that their coverage has been renewed, the state will not treat such information as a change in circumstances that may affect eligibility.

The authority provided in this letter is effective March 1, 2023, and will remain effective for renewals initiated through the end of the state’s unwinding period.

The authority provided in this letter is subject to CMS receiving your written acknowledgement of this approval and acceptance of this new authority and the terms described herein within 30 days of the date of this letter.

We look forward to our continuing work together as part of a transition to routine operations. If you have questions regarding this award, please contact Mollie Poland in the Division of Enrollment Policy and Operations, at [mollie.poland@cms.hhs.gov](mailto:mollie.poland@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah deLone".

Sarah deLone, Director,  
Children and Adults Health Programs Group