

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

May 23, 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 Ms. Sbrana:

This letter is in response to New York's request, dated February 7, 2023, 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 when the continuous enrollment condition ends. Section 1902(e)(14)(A) of the Act 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 CMS provide authority under section 1902(e)(14)(A) of the Act to temporarily permit the state to renew Non-Modified Adjusted Gross Income (non-MAGI) based Medicaid eligibility for individuals who are receiving benefits under the Supplemental Nutritional Assistance Program (SNAP), despite the differences in household composition and income-counting rules. The state has expressed the need for this authority in order to address systems and operational issues related to managing staff workload during the unwinding period. Specifically, the state cited concerns that the extraordinarily high volume of renewals and other eligibility and enrollment actions that need to be conducted during the unwinding period would delay renewal processing, create unmanageable workload given limited staff capacity, and lead to an increase in procedural closures. Additionally, this strategy will support compliance with federal renewal requirements as the state returns to regular Medicaid eligibility and enrollment operations following the end of the Families First Coronavirus Response Act (FFCRA) Medicaid continuous enrollment condition.

Under section 1902(e)(14)(A) of the Act, the following waiver is approved, as described and subject to the conditions below. The authority provided in this letter is effective for renewals initiated after March 1, 2023 and remains effective for redeterminations scheduled for completion through the end of the state's unwinding period.

Renewal for Individuals Based on Non-MAGI Eligibility

The authority provided in accordance with this letter will enable the state, during the period of time specified below, to renew Medicaid eligibility for individuals who are receiving SNAP benefits, despite the differences in household composition and income-counting rules. This authority will apply for individuals enrolled in coverage under the eligibility groups described at 42 C.F.R. §§435.320 and 435.330 (Optional Medically Needy Aged), §§435.322 and 435.330 (Optionally Medically Needy Blind), and §§435.324 and 435.330 (Optional Medically Needy Disabled). Under this authority, the state will renew Medicaid eligibility for SNAP participants in these eligibility groups as follows. The state will apply an income disregard equal to the difference between 138 percent and 200 percent of the federal poverty level (FPL) to the individual's gross income as determined by SNAP. The state will then compare that amount to the income standard for these groups. Because the income standard for these groups is 138 percent FPL, all beneficiaries in these groups whose SNAP-based gross income is under 200 percent FPL will be renewed for Medicaid without conducting a separate non-MAGI-based income determination.

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 Joe Weissfeld and Jessika Douglas in the Division of Enrollment Policy and Operations, at josef.weissfeld@cms.hhs.gov and jessika.douglas@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads "Sarah deLone". The signature is fluid and cursive, with the first name "Sarah" being the most prominent part.

Sarah deLone, Director,
Children and Adults Health Programs Group