

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **15-0030**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



---

**Financial Management Group**

**APR 19 2016**

Jason A. Helgerson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP – 1211)  
Albany, NY 12237

RE: State Plan Amendment (SPA) TN 15-0030

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 15-0030. Effective April 1, 2015 this amendment revises temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments for 43 nursing homes.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This is to inform you that New York 15-0030 is approved effective April 1, 2015 and have enclosed the CMS-179 and approved plan pages.

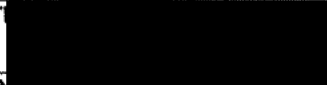

If you have any questions, please contact Joanne Hounsell at 212-616-2446.

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-0030</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2015</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/15-09/30/15 <b>\$13,750.00</b> b. FFY 10/01/15 -09/30/16 <b>\$27,500.00</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(5), 47(aa)(6), 47(aa)(7), 47(aa)(8), 47(aa)(9), 47(aa)(10)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(5), 47(aa)(6), 47(aa)(7), 47(aa)(8)</b>	
10. SUBJECT OF AMENDMENT: <b>Safety Net/VAP – CINERGY (15/16, 16/17) (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF REGIONAL OFFICIAL: 	16. RETURN TO: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>		
13. TYPED NAME: <b>Jason A. Hergerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>JUN 26 2015</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:	18. DATE APPROVED: <b>APR 19 2016</b>		
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>APR 01 2015</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 		
21. TYPED NAME: <b>Kristin Fan</b>	22. TITLE: <b>Director, FMG</b>		
23. REMARKS:			

**New York  
47(aa)(4)**

**Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Nursing Homes**

A temporary rate adjustment will be provided to eligible residential health care providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible residential health care providers, the amount of the temporary rate adjustment, and the duration of each rate adjustment period shall be listed in the table which follows. The total adjustment amount for each period shown below will be paid quarterly during each period in equal installments. The temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary rate adjustments have been approved for the following providers in the amounts and for the effective periods listed.

**Nursing Homes:**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Adirondack Medical Center - Mercy Living Center	\$6,694	01/01/2014 – 03/31/2014
	\$723,872	04/01/2014 – 03/31/2015
Adirondack Medical Center - Uihlein Living Center	\$2,273,884	01/01/2014 – 03/31/2014
	\$2,359,369	04/01/2014 – 03/31/2015
	\$821,793	04/01/2015 - 03/31/2016
Adirondack Tri-County Nursing & Rehabilitation Center, Inc.	\$225,680	01/01/2014 – 03/31/2014
	\$1,369,690	04/01/2014 – 03/31/2015

\*Denotes provider is part of CINERGY Collaborative.

TN     #15-0030                          Approval Date     APR 19 2016      
Supersedes TN     #14-0039                          Effective Date     APR 01 2015

New York  
47(aa)(5)

## Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Amsterdam Nursing Home Corp (Amsterdam House)*	\$1,430,938	01/01/2015 – 03/31/2015
	\$1,450,213	04/01/2015 – 03/31/2016
	\$1,447,006	04/01/2016 – 03/31/2017
Beth Abraham Health Services*	\$2,460,249	01/01/2015 – 03/31/2015
	\$2,493,389	04/01/2015 – 03/31/2016
	\$2,487,874	04/01/2016 – 03/31/2017
Bronx-Lebanon Special Care Center*	\$788,294	01/01/2015 – 03/31/2015
	\$798,912	04/01/2015 – 03/31/2016
	\$797,146	04/01/2016 – 03/31/2017
Brooklyn United Methodist Church Home*	\$702,169	01/01/2015 – 03/31/2015
	\$707,212	04/01/2015 – 03/31/2016
	\$706,273	04/01/2016 – 03/31/2017
Buena Vida Continuing Care & Rehab Ctr*	\$970,765	01/01/2015 – 03/31/2015
	\$983,841	04/01/2015 – 03/31/2016
	\$981,665	04/01/2016 – 03/31/2017
Cabrini Center for Nursing*	\$1,130,860	01/01/2015 – 03/31/2015
	\$1,146,093	04/01/2015 – 03/31/2016
	\$1,143,558	04/01/2016 – 03/31/2017
Carmel Richmond Healthcare and Rehabilitation Center*	\$1,084,185	01/01/2015 – 03/31/2015
	\$1,098,790	04/01/2015 – 03/31/2016
	\$1,096,359	04/01/2016 – 03/31/2017
Center For Nursing & Rehabilitation Inc*	\$1,179,939	01/01/2015 – 03/31/2015
	\$1,195,833	04/01/2015 – 03/31/2016
	\$1,193,189	04/01/2016 – 03/31/2017
Chapin Home for the Aging*	\$771,403	01/01/2015 – 03/31/2015
	\$781,794	04/01/2015 – 03/31/2016
	\$780,065	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

TN   #15-0030  Approval Date   APR 19 2016  Supersedes TN   #14-0039  Effective Date   APR 01 2015

**Attachment 4.19-D – Part I**

**New York  
47(aa)(6)**

**Nursing Homes (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Charles T. Sitrin Health Care Center Inc.	2,000,000	01/01/2015 – 03/31/2015
Crouse Community Center	\$645,000	01/01/2014 – 03/31/2014
	\$710,000	04/01/2014 – 03/31/2015
	\$65,000	04/01/2015 – 03/31/2016
Eger Health Care and Rehabilitation Center*	\$1,463,808	01/01/2015 – 03/31/2015
	\$1,483,526	04/01/2015 – 03/31/2016
	\$1,480,245	04/01/2016 – 03/31/2017
Elizabeth Seton Pediatric Center*	\$927,714	01/01/2015 – 03/31/2015
	\$940,211	04/01/2015 – 03/31/2016
	\$938,131	04/01/2016 – 03/31/2017
Ferncliff Nursing Home Co Inc.*	\$3,029,944	01/01/2015 – 03/31/2015
	\$1,043,818	04/01/2015 – 03/31/2016
	\$1,041,509	04/01/2016 – 03/31/2017
Field Home – Holy Comforter	\$534,500	04/01/2012 – 03/31/2013
	\$534,500	04/01/2013 – 03/31/2014
Gurwin Jewish Nursing and Rehabilitation Center*	\$1,778,009	01/01/2015 – 03/31/2015
	\$1,801,960	04/01/2015 – 03/31/2016
	\$1,797,975	04/01/2016 – 03/31/2017
Heritage Commons Residential Health Care	\$976,816	01/01/2014 – 03/31/2014
	\$834,744	04/01/2014 – 03/31/2015
Isabella Geriatric Center Inc*	\$2,902,269	01/01/2015 – 03/31/2015
	\$2,941,364	04/01/2015 – 03/31/2016
	\$2,934,859	04/01/2016 – 03/31/2017
Island Nursing and Rehab Center*	\$903,195	01/01/2015 – 03/31/2015
	\$909,966	04/01/2015 – 03/31/2016
	\$908,716	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

**TN #15-0030**

**Approval Date** APR 19 2016

**Supersedes TN #14-0039**

**Effective Date** APR 01 2015

New York  
47(aa)(7)**Nursing Homes (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Jamaica Hospital Nursing Home Co Inc*	\$764,892	01/01/2015 – 03/31/2015
	\$775,195	04/01/2015 – 03/31/2016
	\$773,481	04/01/2016 – 03/31/2017
Jewish Home Lifecare Henry and Jeanette Weinberg Campus Bronx*	\$2,939,255	01/01/2015 – 03/31/2015
	\$2,978,848	04/01/2015 – 03/31/2016
	\$2,972,260	04/01/2016 – 03/31/2017
Jewish Home LifeCare Manhattan*	\$1,947,662	01/01/2015 – 03/31/2015
	\$1,973,898	04/01/2015 – 03/31/2016
	\$1,969,532	04/01/2016 – 03/31/2017
Jewish Home LifeCare Sarah Neuman Center*	\$1,169,410	01/01/2015 – 03/31/2015
	\$1,185,162	04/01/2015 – 03/31/2016
	\$1,182,541	04/01/2016 – 03/31/2017
Lutheran Augustana Center for Extended Care & Rehab*	\$1,016,961	01/01/2015 – 03/31/2015
	\$1,030,660	04/01/2015 – 03/31/2016
	\$1,028,381	04/01/2016 – 03/31/2017
Margaret Tietz Center For Nursing Care Inc*	\$700,877	01/01/2015 – 03/31/2015
	\$710,318	04/01/2015 – 03/31/2016
	\$708,747	04/01/2016 – 03/31/2017
Mary Manning Walsh Nursing Home Co Inc*	\$1,453,160	01/01/2015 – 03/31/2015
	\$1,472,735	04/01/2015 – 03-31-2016
	\$1,469,478	04/01/2016 – 03-31-2017
Menorah Home And Hospital For Rehabilitation and Nursing*	\$1,210,053	01/01/2015 – 03/31/2015
	\$1,226,353	04/01/2015 – 03/31/2016
	\$1,223,641	04/01/2016 – 03/31/2017
Methodist Home for Nursing and Rehabilitation*	\$441,177	01/01/2015 – 03/31/2015
	\$447,120	04/01/2015 – 03/31/2016
	\$446,131	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

TN           #15-0030          Approval Date           APR 19 2016          Supersedes TN           #14-0039          Effective Date           APR 01 2015

**Attachment 4.19-D – Part I**

**New York  
47(aa)(8)**

**Nursing Homes (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
New York Congregational Nursing Center Inc*	\$717,376	01/01/2015 – 03/31/2015
	\$727,040	04/01/2015 – 03/31/2016
	\$725,432	04/01/2016 – 03/31/2017
Northeast Center for Special Care	\$5,597,952	04/01/2012 – 03/31/2013
	\$3,885,888	04/01/2013 – 12/31/2013
	\$5,312,562	01/01/2014 – 03/31/2014
	\$5,027,984	04/01/2014 – 03/31/2015
	\$815,934	04/01/2015 – 03/31/2016
Palisade Nursing Home Company Inc*	\$977,614	01/01/2015 – 03/31/2015
	\$990,783	04/01/2015 – 03/31/2016
	\$988,592	04/01/2016 – 03/31/2017
Parker Jewish Institute for Health Care and Rehabilitation*	\$1,929,819	01/01/2015 – 03/31/2015
	\$1,955,814	04/01/2015 – 03/31/2016
	\$1,951,489	04/01/2016 – 03/31/2017
Providence Rest*	\$693,647	01/01/2015 – 03/31/2015
	\$702,990	04/01/2015 – 03/31/2016
	\$701,435	04/01/2016 – 03/31/2017
Rebekah Rehabilitation & Extended Care Center Inc*	\$387,029	01/01/2015 – 03/31/2015
	\$392,242	04/01/2015 – 03/31/2016
	\$510,122	04/01/2016 – 03/31/2017
Riverdale Nursing Home*	\$1,858,017	01/01/2015 – 03/31/2015
	\$1,883,045	04/01/2015 – 03/31/2016
	\$1,878,881	04/01/2016 – 03/31/2017
Rutland Nursing Home Co Inc.*	\$2,234,772	01/01/2015 – 03/31/2015
	\$2,264,875	04/01/2015 – 03/31/2016
	\$2,259,866	04/01/2016 – 03/31/2017
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$644,472	01/01/2015 – 03/31/2015
	\$653,154	04/01/2015 – 03/31/2016
	\$651,709	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

**TN #15-0030**

**Approval Date APR 19 2016**

**Supersedes TN #14-0039**

**Effective Date APR 01 2015**



**Attachment 4.19-D – Part I**

**New York  
47(aa)(9)**

**Nursing Homes (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Samaritan Keep Nursing Home Inc.	\$4,500,000	02/01/2014 – 03/31/2014
	\$4,500,000	04/01/2014 – 03/31/2015
Schaffer Extended Care System*	\$441,290	01/01/2015 – 03/31/2015
	\$447,234	04/01/2015 – 03/31/2016
	\$446,245	04/01/2016 – 03/31/2017
Schervier Nursing Care Center*	\$1,421,550	01/01/2015 – 03/31/2015
	\$1,440,698	04/01/2015 – 03/31/2016
	\$1,437,512	04/01/2016 – 03/31/2017
Schnurmacher Center for Rehabilitation and Nursing*	\$539,168	01/01/2015 – 03/31/2015
	\$546,431	04/01/2015 – 03/31/2016
	\$545,222	04/01/2016 – 03/31/2017
Schulman and Schachne Institute for Nursing and Rehabilitation*	\$1,852,978	01/01/2015 – 03/31/2015
	\$1,877,938	04/01/2015 – 03/31/2016
	\$1,873,785	04/01/2016 – 03/31/2017
Silvercrest*	\$1,293,304	01/01/2015 – 03/31/2015
	\$1,310,725	04/01/2015 – 03/31/2016
	\$1,307,827	04/01/2016 – 03/31/2017
St. Mary's Hospital for Children Inc.*	\$1,777,136	01/01/2015 – 03/31/2015
	\$1,795,679	04/01/2015 – 03/31/2016
	\$1,792,470	04/01/2016 – 03/31/2017
St Vincent Depaul Residence*	\$417,641	01/01/2015 – 03/31/2015
	\$423,266	04/01/2015 – 03/31/2016
	\$422,330	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

**TN #15-0030**

**Approval Date APR 19 2016**

**Supersedes TN NEW**

**Effective Date APR 01 2015**

**Attachment 4.19-D – Part I**

**New York  
47(aa)(10)**

**Nursing Homes (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Terence Cardinal Cooke Health Care Ctr*	\$3,130,256	01/01/2015 – 03/31/2015
	\$2,665,687	04/01/2015 – 03/31/2016
	\$2,659,791	04/01/2016 – 03/31/2017
The Wartburg Home*	\$1,020,644	01/01/2015 – 03/31/2015
	\$1,034,392	04/01/2015 – 03/31/2016
	\$1,032,104	04/01/2016 – 03/31/2017
United Hebrew Geriatric Center*	\$1,152,635	01/01/2015 – 03/31/2015
	\$1,168,162	04/01/2015 – 03/31/2016
	\$1,165,578	04/01/2016 – 03/31/2017
Victoria Home	\$500,000	01/01/2015 – 03/31/2015
VillageCare Rehabilitation and Nursing Center*	\$1,132,647	01/01/2015 – 03/31/2015
	\$1,142,631	04/01/2015 – 03/31/2016
	\$1,140,849	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

**TN #15-0030**

**Approval Date APR 19 2016**

**Supersedes TN NEW**

**Effective Date APR 01 2015**