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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **17-0023**

This file contains the following documents in the order listed:

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

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

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

APR 04 2017

RE: State Plan Amendment (SPA) TN 17-0023

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 17-0023. Effective January 1, 2017 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to Samaritan Keep Nursing Home.

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 letter is to inform you that New York 17-0023 is approved effective January 1, 2017. The CMS-179 and approved plan page are enclosed.

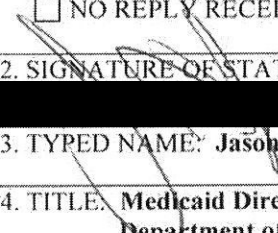
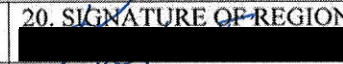
If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,



Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0023	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2017	
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: § 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/17-09/30/17 \$5,056.29 b. FFY 10/01/17-03/31/18 \$1,679.10	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D-Part I: 47(aa)(9)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D-Part I: 47(aa)(9)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-NH-Samaritan Keep Nursing Home Inc. (FMAP = 50%)			
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 STATE AGENCY OFFICIAL: 		16. 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	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: FEB 24 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APR 04 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Krystin FAN		22. TITLE: Director, FMG	
23. REMARKS:			

Attachment 4.19-D – Part I

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

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Samaritan Keep Nursing Home Inc.	\$4,500,000	02/01/2014 – 03/31/2014
	\$4,500,000	04/01/2014 – 03/31/2015
	\$6,754,384	01/01/2017 – 03/31/2017
	\$6,716,384	04/01/2017 – 03/31/2018
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 #17-0023 _____

Supersedes TN #15-0030 _____

Approval Date APR 04 2017

Effective Date JAN 01 2017