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State/Territory Name: NY

State Plan Amendment (SPA) #: 22-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

January 23, 2023

Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432
Albany, NY 12210

Reference: TN 22-0013

Dear Medicaid Director:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0013. This amendment proposes to assist nursing facilities by providing a temporary rate adjustment for facilities that are under closure, merger, consolidation, acquisition, or restructuring.

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 447 Subpart C.

This is to inform you that Medicaid State plan amendment NY-22-0013 is approved effective January 1, 2022. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER <u>2</u> <u>2</u> — <u>0</u> <u>0</u> <u>1</u> <u>3</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 01, 2022	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION § 1905(r)(5) of the Social Security Act and 42 CFR 447 1905(a)(4)(A) Nursing Facilities	7. FEDERAL BUDGET IMPACT a. FFY <u>01/01/22-09/30/22</u> \$ 7,471.48 7,471,475.00 b. FFY <u>10/01/22-09/30/23</u> \$ 1,952.83 1,952,829.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(6.1), 47(aa)(7.1), 47(aa)(9.1), 47(aa)(10) Pages 47 (aa)(4), 47(aa)(6.1), 47(aa)(6.1.a), 47(aa)(7.1), 47(aa)(7.1.a), 47(aa)(9.1), 47(aa)(10)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(6.1), 47(aa)(7.1), 47(aa)(9.1), 47(aa)(10)

10. SUBJECT OF AMENDMENT

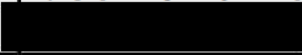
Multiple Nursing Home (VAP) (**Safety Net/VAP— 6 Nursing Homes**)
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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 Brett R. Friedman	
14. TITLE Acting Medicaid Director, Department of Health	
15. DATE SUBMITTED December 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 30, 2021	18. DATE APPROVED January 23, 2023
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Rory Howe	22. TITLE Director, Financial Management Group

23. REMARKS

Pen and ink change authorized by the State.

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

1905(a)(4)(A) Nursing Facility Services

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
	\$918,544	06/16/2016 – 03/31/2017
	\$500,000	01/01/2022 – 03/31/2022
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
	\$1,274,864	06/16/2016 – 03/31/2017
Adirondack Tri-County Nursing & Rehabilitation Center, Inc.	\$225,680	01/01/2014 – 03/31/2014
	\$1,369,690	04/01/2014 – 03/31/2015
	\$1,049,423	06/16/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.

TN #22-0013 **Approval Date** January 23, 2023

Supersedes TN #20-0029MA **Effective Date** January 1, 2022

**New York
47(aa)(6.1)**

1905(a)(4)(A) Nursing Facility Services**Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Elderwood at North Creek	\$2,434,828	04/01/2018 – 03/31/2019
	\$1,129,788	04/01/2019 – 03/31/2020
	\$ 435,384	04/01/2020 – 03/31/2021
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
	\$613,670	04/01/2020 – 03/31/2021
	\$613,670	04/01/2021 – 03/31/2022
	\$2,085,707	10/01/2021 – 03/31/2022
Ferncliff Nursing Home Co Inc.*	\$3,029,944	01/01/2015 – 03/31/2015
	\$1,043,818	04/01/2015 – 03/31/2016
	\$1,341,809	06/16/2016 – 03/31/2017
	\$1,041,509	10/01/2016 – 03/31/2017
	\$ 684,373	04/01/2017 – 03/31/2018
	\$ 18,529	04/01/2018 – 03/31/2019
	\$681,294	04/01/2020 – 03/31/2021
	\$681,294	04/01/2021 – 03/31/2022
\$36,050	10/01/2021 – 03/31/2022	
Field Home – Holy Comforter	\$534,500	04/01/2012 – 03/31/2013
	\$534,500	04/01/2013 – 03/31/2014
Fort Hudson Nursing Center	\$1,129,968	01/01/2022 – 03/31/2022
	\$118,982	04/01/2022 – 06/30/2022
	\$118,982	07/01/2022 – 09/30/2022
	\$118,983	10/01/2022 – 12/31/2022
	\$118,983	01/01/2023 – 03/31/2023
	\$137,943	04/01/2023 – 06/30/2023
	\$137,943	07/01/2023 – 09/30/2023
	\$137,943	10/01/2023 – 12/31/2023
\$137,943	01/01/2024 – 03/31/2024	

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(6.1.a)**

1905(a)(4)(A) Nursing Facility Services**Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Good Samaritan Nursing Home*	\$371,698	04/01/2020 – 03/31/2021
	\$371,698	04/01/2021 – 03/31/2022
	\$304	10/01/2021 – 03/31/2022
Greenfield Health and Rehabilitation Center	\$695,000	01/01/2022 – 03/31/2022
	\$411,875	04/01/2022 – 06/30/2022
	\$411,875	07/01/2022 – 09/30/2022
	\$411,875	10/01/2022 – 12/31/2022
	\$411,875	01/01/2023 – 03/31/2023
	\$155,000	04/01/2023 – 06/30/2023
	\$155,000	07/01/2023 – 09/30/2023
	\$155,000	10/01/2023 – 12/31/2023
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
	\$1,110,754	04/01/2020 – 03/31/2021
	\$1,110,754	04/01/2021 – 03/31/2022
	\$288,490	10/01/2021 – 03/31/2022
Hebrew Home for the Aged at Riverdale*	\$1,875,731	04/01/2020 – 03/31/2021
	\$1,875,731	04/01/2021 – 03/31/2022
	\$382,779	10/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(7.1)**

**1905(a)(4)(A): Nursing Facility Services
Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
Loretto Health and Rehabilitation	\$4,747,976	01/01/2022 – 03/31/2022
	\$744,281	04/01/2022 – 06/30/2022
	\$744,281	07/01/2022 – 09/30/2022
	\$744,281	10/01/2022 – 12/31/2022
	\$744,281	01/01/2023 – 03/31/2023
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
	\$463,620	04/01/2020 – 03/31/2021
	\$463,620	04/01/2021 – 03/31/2022
	(\$231,810)	10/01/2021 - 03/31/2022
Mercy Living Center	\$500,000	01/01/2022 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

TN #22-0013

Approval Date January 23, 2023

Supersedes TN #21-0059

Effective Date January 01, 2022

**New York
47(aa)(7.1.a)**

1905(a)(4)(A) Nursing Facility Services**Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$861,601	04/01/2020 – 03-31-2021
	\$861,601	04/01/2021 – 03-31-2022
	(\$12,059)	10/01/2021 – 03/31/2022
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
	\$800,433	04/01/2020 – 03/31/2021
	\$800,433	04/01/2021 – 03/31/2022
	(\$9,519)	10/01/2021 – 03/31/2022
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
	\$291,832	04/01/2020 – 03/31/2021
	\$291,832	04/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

TN #22-0013

Approval Date January 23, 2023

Supersedes TN #NEW

Effective Date January 1, 2022

**New York
47(aa)(9.1)**

1905(a)(4)(A) Nursing Facility Services**Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$1,225,719	04/01/2020 – 03/31/2021
	\$1,225,719	04/01/2021 – 03/31/2022
	(\$14,577)	10/01/2021 – 03/31/2022
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
	\$ 833,785	04/01/2020 – 03/31/2021
	\$ 833,785	04/01/2021 – 03/31/2022
	(\$11,670)	10/01/2021 – 03/31/2022
St Cabrini Nursing Home*	\$748,048	04/01/2020 – 03/31/2021
	\$748,048	04/01/2021 – 03/31/2022
	\$10,327	10/01/2021 – 03/31/2022
St Johnland Nursing Center*	\$400,000	04/01/2020 – 03/31/2021
	\$400,000	04/01/2021 – 03/31/2022
	\$120,596	10/01/2021 – 03/31/2022
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
	\$1,053,645	04/01/2020 – 03/31/2021
	\$1,053,645	04/01/2021 – 03/31/2022
	(\$9,241)	10/01/2021 – 03/31/2022
St. Patrick's Home*	\$920,596	10/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

TN #22-0013

Approval Date January 23, 2023

Supersedes TN #21-0059

Effective Date January 01, 2022

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

**1905(a)(4)(A) Nursing Facility Services
Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$276,263	04/01/2021 – 09/30/2021
	\$276,263	04/01/2021 – 03/31/2022
	\$72,414	10/01/2021 – 03/31/2022
	\$3,681,188	01/01/2022 – 03/31/2022
	\$384,746	04/01/2022 – 06/30/2022
	\$384,746	07/01/2022 – 09/30/2022
	\$384,747	10/01/2022 – 12/31/2022
	\$384,747	01/01/2023 – 03/31/2023
Terence Cardinal Cooke Health Care Ctr*	\$3,130,256	01/01/2015 – 03/31/2015
	\$2,665,687	04/01/2015 – 03/31/2016
	\$1,013,227	06/16/2016 – 03/31/2017
	\$2,659,791	10/01/2016 – 03/31/2017
	\$1,449,586	04/01/2020 – 03/31/2021
	\$1,449,586	04/01/2021 – 03/31/2022
	\$147,364	10/01/2021 – 03/31/2022
The Jewish Home Hospital*	\$1,248,092	04/01/2020 – 03/31/2021
	\$1,248,092	04/01/2021 – 03/31/2022
	\$271,207	10/01/2021 – 03/31/2022
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
	\$671,170	04/01/2020 – 03/31/2021
	\$671,170	04/01/2021 – 03/31/2022
	\$159,719	10/01/2021 – 03/31/2022
Trustees Eastern Star Hall and Home	\$ 938,910	10/05/2017 – 03/31/2018
	\$1,530,028	04/01/2018 – 03/31/2019
	\$ 760,607	04/01/2019 – 03/31/2020
	\$ 754,650	04/01/2020 – 09/30/2020
	\$ 869,050	01/01/2022 – 03/31/2022
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
	\$762,452	04/01/2020 – 03/31/2021
	\$762,452	04/01/2021 – 03/31/2022
	(\$9,068)	10/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.