

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 22-0049**

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



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**Financial Management Group**

August 14, 2023  
Amir Bassiri  
Medicaid Director  
New York State Department of Health  
99 Washington Ave – One Commerce Plaza Suite 1432  
Albany, NY 12210

Reference: TN 22-0049

Dear Medicaid Director:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0049. This amendment proposes a temporary rate adjustment to long term care providers that are undergoing 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-22-0049 is approved effective April 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 at 617-565-1225 or [Kristina.Mack-Webb@cms.hhs.gov](mailto: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

2 2 — 0 0 4 9

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION <sup>1905(4)(a) Nursing Facility Services</sup>  
~~§ 1902(a) of the Social Security Act and 42 CFR 447~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/22-09/30/22 \$ 7,500,000  
b. FFY 10/01/22-09/30/23 \$ 7,500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Pages: 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.2),47(aa)(7),~~47(aa)(7.1)~~, 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(9.2), 47(aa)(9.3),47(aa)(10), 47(aa)(10.1), ~~47(aa)(6.1.a)~~, ~~47(aa)(7.1.a)~~

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-D Page(s): 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.2),47(aa)(7),~~47(aa)(7.1)~~, 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(10), 47(aa)(10.1), ~~47(aa)(6.1.a)~~, ~~47(aa)(7.1.a)~~

9. SUBJECT OF AMENDMENT

VAP - CINERGY

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Amir Bassiri

13. TITLE

Acting Medicaid Director

14. DATE SUBMITTED

June 30, 2022

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED

June 30, 2022

17. DATE APPROVED

August 14, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS <sup>The State authorizes the following pen and ink changes to the 179:</sup>

Box 9. Federal Statute/ Regulation Citation: 1905(4)(a) Nursing Facility Services

Box 7. Page Number of the Plan Section or Attachment

Attachment 4.19-D Pages: 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.1.a), 47(aa)(6.2),47(aa)(7),47(aa)(7.1.a), 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(9.2), 47(aa)(9.3),47(aa)(10), 47(aa)(10.1)

Box 8. Page Number of the Superseded Plan Section or Attachment (If Applicable)

Attachment 4.19-D Pages: 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.1.a), 47(aa)(6.2),47(aa)(7),47(aa)(7.1.a), 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(10), 47(aa)(10.1)

**New York  
47(aa)(5)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

| <b>Provider Name</b>                              | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|---|---------------------------------------|------------------------------|
| Amsterdam Nursing Home Corp<br>(Amsterdam House)* | \$847,377                             | 04/01/2020 – 03/31/2021      |
|   | \$847,377                             | 04/01/2021 – 03/31/2022      |
|   | (\$11,859)                            | 10/01/2021 – 03/31/2022      |
|   | \$799,375                             | 04/01/2022 – 03/31/2023      |
| Baptist Nursing and Rehabilitation                | \$347,500                             | 04/01/2020 – 03/31/2021      |
| Bronx-Lebanon Special Care Center*                | \$521,445                             | 04/01/2020 – 03/31/2021      |
|   | \$521,445                             | 04/01/2021 – 03/31/2022      |
|   | (\$9,201)                             | 10/01/2021 – 03/31/2022      |
|   | \$551,640                             | 04/01/2022 – 03/31/2023      |

\*Denotes provider is part of CINERGY Collaborative.

**New York  
47(aa)(5.1)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

| <b>Provider Name</b>                                  | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|---|---------------------------------------|------------------------------|
| Brooklyn United Methodist Church Home*                | \$384,919                             | 04/01/2020 – 03/31/2021      |
|   | \$384,919                             | 04/01/2021 – 03/31/2022      |
|   | \$8,741                               | 10/01/2021 – 03/31/2022      |
|   | \$369,825                             | 04/01/2022 – 03/31/2023      |
| Buena Vida Continuing Care & Rehab Ctr                | \$642,147                             | 04/01/2020 – 03/31/2021      |
|   | \$642,147                             | 04/01/2021 – 03/31/2022      |
|   | (\$321,073)                           | 10/01/2021 – 03/31/2022      |
| Carmel Richmond Healthcare and Rehabilitation Center* | \$632,161                             | 04/01/2020 – 03/31/2021      |
|   | \$632,161                             | 04/01/2021 – 03/31/2022      |
|   | (\$8,847)                             | 10/01/2021 – 03/31/2022      |
|   | \$615,961                             | 04/01/2022 – 03/31/2023      |
| Center For Nursing & Rehabilitation Inc               | \$746,693                             | 04/01/2020 – 03/31/2021      |
|   | \$746,693                             | 04/01/2021 – 03/31/2022      |
|   | (\$373,347)                           | 10/01/2021 – 03/31/2022      |
| Chapin Home for the Aging*                            | \$487,868                             | 04/01/2020 – 03/31/2021      |
|   | \$487,868                             | 04/01/2021 – 03/31/2022      |
|   | (\$6,828)                             | 10/01/2021 – 03/31/2022      |
|   | \$460,231                             | 04/01/2022 – 03/31/2023      |

\*Denotes provider is part of the CINERGY Collaborative

New York  
47(aa)(6)

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

## Nursing Homes (continued):

| Provider Name                               | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|---|--------------------------------|-------------------------|
| Cobble Hill Health 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 |
|   | \$495,826                      | 04/01/2022 – 03/31/2023 |
| Concord Nursing Home                        | \$250,000                      | 04/01/2020 – 03/31/2021 |
|   | \$250,000                      | 04/01/2021 – 03/31/2022 |
|   | \$190,447                      | 10/01/2021 – 03/31/2022 |
|   | \$371,870                      | 04/01/2022 – 03/31/2023 |
| Eger Health Care and Rehabilitation Center* | \$968,289                      | 04/01/2020 – 03/31/2021 |
|   | \$968,289                      | 04/01/2021 – 03/31/2022 |
|   | (\$11,517)                     | 10/01/2021 – 03/31/2022 |
|   | \$914,404                      | 04/01/2022 – 03/31/2023 |

\*Denotes provider is part of CINERGY Collaborative.

New York  
47(aa)(6.1)

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

## Nursing Homes (continued):

| Provider Name                     | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|-----------------------------------|--------------------------------|-------------------------|
| Elderwood at North Creek          | \$435,384                      | 04/01/2020 – 03/31/2021 |
|                                   |                                |                         |
| Elizabeth Seton Pediatric Center* | \$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 |
|                                   | \$ 747,671                     | 04/01/2022 – 03/31/2023 |
|                                   |                                |                         |
| Ferncliff Nursing Home Co Inc.*   | \$681,294                      | 04/01/2020 – 03/31/2021 |
|                                   | \$681,294                      | 04/01/2021 – 03/31/2022 |
|                                   | \$36,050                       | 10/01/2021 – 03/31/2022 |
|                                   | \$747,118                      | 04/01/2022 – 03/31/2023 |
|                                   |                                |                         |
| 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(4)(a) Nursing Facility Services****Nursing Homes (continued):**

| <b>Provider Name</b>                             | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|--|---------------------------------------|------------------------------|
| 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      |
|  | \$353,258                             | 04/01/2022 – 03/31/2023      |
| 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* | \$1,110,754                           | 04/01/2020 – 03/31/2021      |
|  | \$1,110,754                           | 04/01/2021 – 03/31/2022      |
|  | \$288,490                             | 10/01/2021 – 03/31/2022      |
|  | \$1,351,867                           | 04/01/2022 – 03/31/2023      |
| 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      |
|  | \$1,971,361                           | 04/01/2022 – 03/31/2023      |

\*Denotes provider is part of CINERGY Collaborative.



**New York  
47(aa)(6.2)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

| <b>Provider Name</b>             | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|----------------------------------|---------------------------------------|------------------------------|
| Incarnation Children's Center    | \$224,255                             | 10/01/2021 – 03/31/2022      |
|                                  |                                       |                              |
| Isabella Geriatric Center Inc*   | \$1,633,648                           | 04/01/2020 – 03/31/2020      |
|                                  | \$1,633,648                           | 04/01/2021 – 03/31/2022      |
|                                  | \$397,615                             | 10/01/2021 – 03/31/2022      |
|                                  | \$1,749,498                           | 04/01/2022 – 03/31/2023      |
|                                  |                                       |                              |
| Island Nursing and Rehab Center* | \$495,250                             | 04/01/2020 – 03/31/2021      |
|                                  | \$495,250                             | 04/01/2021 – 03/31/2022      |
|                                  | \$11,248                              | 10/01/2021 – 03/31/2022      |
|                                  | \$475,830                             | 04/01/2022 – 03/31/2023      |

\*Denotes provider is part of CINERGY Collaborative.

**TN #22-0049**  
**Superseding TN #21-0059**

**Approval Date August 14, 2023**  
**Effective Date April 1, 2022**

New York  
47(aa)(7)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

| Provider Name                         | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|---------------------------------------|--------------------------------|-------------------------|
| Island Nursing and Rehab              | \$4,200,000                    | 04/01/2020 – 03/31/2021 |
|                                       | \$4,275,000                    | 04/01/2021 – 03/31/2022 |
| Jamaica Hospital Nursing Home Co Inc* | \$505,965                      | 04/01/2020 – 03/31/2021 |
|                                       | \$505,965                      | 04/01/2021 – 03/31/2022 |
|                                       | (\$6,017)                      | 10/01/2021 – 03/31/2022 |
|                                       | \$479,225                      | 04/01/2022 – 03/31/2023 |
| Jefferson’s Ferry                     | \$324,023                      | 04/01/2020 – 03/31/2021 |
|                                       | \$324,023                      | 04/01/2021– 03/31/2022  |
|                                       | \$37,788                       | 10/01/2021 – 03/31/2022 |

\*Denotes provider is part of CINERGY Collaborative.

New York  
47(aa)(7.1.a)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

| Provider Name   | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|---|--------------------------------|-------------------------|
| Mary Manning Walsh Nursing Home Co Inc*                   | \$861,601                      | 04/01/2020 – 03/31/2021 |
|   | \$861,601                      | 04/01/2021 – 03/31/2022 |
|   | (\$12,059)                     | 10/01/2021 – 03/31/2022 |
|   | \$895,415                      | 04/01/2022 – 03/31/2023 |
| Menorah Home And Hospital For Rehabilitation and Nursing* | \$800,433                      | 04/01/2020 – 03/31/2021 |
|   | \$800,433                      | 04/01/2021 – 03/31/2022 |
|   | (\$9,519)                      | 10/01/2021 – 03/31/2022 |
|   | \$755,890                      | 04/01/2022 – 03/31/2023 |
| Methodist Home for Nursing and Rehabilitation*            | \$291,832                      | 04/01/2020 – 03/31/2021 |
|   | \$291,832                      | 04/01/2021 – 03/31/2022 |
|   | \$275,592                      | 04/01/2022 – 03/31/2023 |

\*Denotes provider is part of CINERGY Collaborative.

TN     #22-0049    

Approval Date     August 14, 2023    

Supersedes TN     #22-0013    

Effective Date     April 1, 2022

New York  
47(aa)(8)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

| Provider Name   | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|---|--------------------------------|-------------------------|
| Parker Jewish Institute for Health Care and Rehabilitation* | \$1,276,548                    | 04/01/2020 – 03/31/2021 |
|   | \$1,276,548                    | 04/01/2021 – 03/31/2022 |
|   | \$334,605                      | 10/01/2021 – 03/31/2022 |
|   | \$1,555,295                    | 04/01/2022 – 03/31/2023 |

\*Denotes provider is part of CINERGY Collaborative.

TN #22-0049

Superseding TN #21-0059

Approval Date August 14, 2023

Effective Date April 1, 2022

New York  
47(aa)(8.1)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

| Provider Name  | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|--|--------------------------------|-------------------------|
| Providence Rest*   | \$458,838                      | 04/01/2020 – 03/31/2021 |
|  | \$458,838                      | 04/01/2021 – 03/31/2022 |
|  | \$6,393                        | 10/01/2021 – 03/31/2022 |
|  | \$493,614                      | 04/01/2022 – 03/31/2023 |
| Rebekah Rehabilitation & Extended Care Center Inc*       | \$282,288                      | 04/01/2020 - 03/31/2021 |
|  | \$282,288                      | 04/01/2021 – 03/31/2022 |
|  | \$73,992                       | 10/01/2021 – 03/31/2022 |
|  | \$343,928                      | 04/01/2022 – 03/31/2023 |
| Rutland Nursing Home Co Inc.*                            | \$1,289,994                    | 04/01/2020 – 03/31/2021 |
|  | \$1,289,994                    | 04/01/2021 – 03/31/2022 |
|  | (\$18,055)                     | 10/01/2021 – 03/31/2022 |
|  | \$1,216,918                    | 04/01/2022 – 03/31/2023 |
| Saints Joachim & Anne Nursing and Rehabilitation Center* | \$426,310                      | 04/01/2020 – 03/31/2021 |
|  | \$426,310                      | 04/01/2021 – 03/31/2022 |
|  | (\$5,070)                      | 10/01/2021 – 03/31/2022 |
|  | \$402,586                      | 04/01/2022 – 03/31/2023 |

\*Denotes provider is part of CINERGY Collaborative.

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

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

**Nursing Homes (continued):**

| <b>Provider Name</b>                | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|-------------------------------------|---------------------------------------|------------------------------|
| Sarah Neuman Center for Healthcare* | \$773,173                             | 04/01/2020 – 03/31/2021      |
|                                     | \$773,173                             | 04/01/2021 – 03/31/2022      |
|                                     | \$3,393                               | 10/01/2021 – 03/31/2022      |
|                                     | \$827,832                             | 04/01/2022 – 03/31/2023      |
| Schaffer Extended Care System*      | \$291,907                             | 04/01/2020 – 03/31/2021      |
|                                     | \$291,907                             | 04/01/2021 – 03/31/2022      |
|                                     | (\$3,471)                             | 10/01/2021 – 03/31/2022      |
|                                     | \$308,810                             | 04/01/2022 - 03/31/2023      |

\*Denotes provider is part of CINERGY Collaborative.

**TN #22-0049**  
**Superseding TN #21-0059**

**Approval Date August 14, 2023**  
**Effective Date April 1, 2022**

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

**Reserved**

**TN #22-0049**  
**Superseding TN #22-0013**

**Approval Date August 14, 2023**  
**Effective Date April 1, 2022**

New York  
47(aa)(9.2)

1905(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* | \$1,225,719                    | 04/01/2020 – 03/31/2021 |
|   | \$1,225,719                    | 04/01/2021 – 03/31/2022 |
|   | (\$14,577)                     | 10/01/2021 – 03/31/2022 |
|   | \$1,204,270                    | 04/01/2022 – 03/31/2023 |
| Silvercrest*  | \$833,785                      | 04/01/2020 – 03/31/2021 |
|   | \$833,785                      | 04/01/2021 – 03/31/2022 |
|   | (\$11,670)                     | 10/01/2021 – 03/31/2022 |
|   | \$798,351                      | 04/01/2022 – 03/31/2023 |
| 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 |
|   | \$788,645                      | 04/01/2022 – 03/31/2023 |

\*Denotes provider is part of CINERGY Collaborative.

TN #22-0049

Superseding TN #NEW

Approval Date August 14, 2023

Effective Date April 1, 2022



**New York  
47(aa)(9.3)**

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

**Nursing Homes (continued):**

| <b>Provider Name</b>                   | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|--|---------------------------------------|------------------------------|
| 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      |
|  | \$495,826                             | 04/01/2022 – 03/31/2023      |
| St. Mary’s Hospital for Children Inc.* | \$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      |
|  | \$1,052,354                           | 04/01/2022 – 03/31/2023      |
| St. Patrick’s Home*                    | \$920,596                             | 10/01/2021 – 03/31/2022      |
|  | \$486,674                             | 04/01/2022 – 03/31/2023      |
| St Vincent Depaul Residence*           | \$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      |
| \$336,588                              | 04/01/2022 – 03/31/2023               |                              |

\*Denotes provider is part of CINERGY Collaborative.

**TN #22-0049**

**Superseding TN #NEW**

**Approval Date August 14, 2023**

**Effective Date April 1, 2022**

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

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

**Nursing Homes (continued):**

| <b>Provider Name</b>                    | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|---|---------------------------------------|------------------------------|
| Terence Cardinal Cooke Health Care Ctr* | \$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      |
|   | \$1,452,702                           | 04/01/2022 – 03/31/2023      |
| 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      |
|   | \$1,451,106                           | 04/01/2022 – 03/31/2023      |
| The Wartburg Home*                      | \$671,170                             | 04/01/2020 – 03/31/2021      |
|   | \$671,170                             | 04/01/2021 – 03/31/2022      |
|   | \$159,719                             | 10/01/2021 – 03/31/2022      |
|   | \$769,740                             | 04/01/2022 – 03/31/2023      |
| Trustees Eastern Star Hall and Home     | \$ 869,050                            | 01/01/2022 – 03/31/2022      |
| United Hebrew Geriatric Center*         | \$762,452                             | 04/01/2020 – 03/31/2021      |
|   | \$762,452                             | 04/01/2021 – 03/31/2022      |
|   | (\$9,068)                             | 10/01/2021 – 03/31/2022      |
|   | \$776,512                             | 04/01/2022 – 03/31/2023      |

\*Denotes provider is part of CINERGY Collaborative.

**New York  
47(aa)(10.1)**

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

**Nursing Homes (continued):**

| <b>Provider Name</b>                          | <b>Gross Medicaid Rate Adjustment</b> | <b>Rate Period Effective</b> |
|---|---------------------------------------|------------------------------|
| VillageCare Rehabilitation and Nursing Center | \$621,763                             | 04/01/2020 – 03/31/2021      |
|   | \$621,763                             | 04/01/2021 – 03/31/2022      |
|   | \$14,120                              | 10/01/2021 – 03/31/2022      |
|   | \$597,382                             | 04/01/2022 – 03/31/2023      |
| St. Mary's Center*                            | \$259,009                             | 04/01/2022 – 03/31/2023      |

\*Denotes provider is part of CINERGY Collaborative.