

Table of Contents

State/Territory Name: NY

State Plan Amendment (SPA) #: 23-0014

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

September 5, 2024

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

RE: TN 23-0014

Dear Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 23-0014, which was submitted to CMS on (March 30, 2023). This plan amendment assists hospitals by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of March 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.



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

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 4</u></p>	<p>2. STATE <u>NY</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(4)(A) Nursing Facility Services</u></p>		<p>4. PROPOSED EFFECTIVE DATE <u>March 01, 2023</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-D Part I Pages: 47(aa)(8.1), 47(aa)(9)</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>03/01/23-09/30/23</u> \$ <u>22,500,000</u> b. FFY <u>10/01/23-09/30/24</u> \$ <u>15,000,000</u></p>	
<p>9. SUBJECT OF AMENDMENT <u>Safety Net/VAP Rutland Nursing Home and Schulman and Schachne Institute</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-D Part I Pages: 47(aa)(8.1), 47(aa)(9)</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED: </p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>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</p>		
<p>12. TYPED NAME <u>Amir Bassiri</u></p>	<p>14. DATE SUBMITTED <u>March 30, 2023</u></p>		
<p>13. TITLE <u>Medicaid Director</u></p>	<p>FOR CMS USE ONLY</p>		
<p>16. DATE RECEIVED <u>March 30, 2023</u></p>	<p>17. DATE APPROVED <u>September 5, 2024</u></p>		
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <u>March 1, 2023</u></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>		
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>Rory Howe</u></p>	<p>21. TITLE OF APPROVING OFFICIAL <u>Director, Financial Management Group</u></p>		
<p>22. REMARKS</p>			

**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	04/01/2021 – 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	04/01/2021 – 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	04/01/2021 – 03/31/2022
	(\$18,055)	10/01/2021 – 03/31/2022
	\$1,216,918	04/01/2022 – 03/31/2023
	\$19,155,100	03/01/2023 - 03/31/2023
	\$19,496,200	04/01/2023 – 03/31/2024
	\$19,344,300	04/01/2024 – 03/31/2025
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$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.

TN #23-0014

Approval Date September 5, 2024

Supersedes TN #22-0049

Effective Date March 1, 2023

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

1905(4)(a) Nursing Facility Services

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Sarah Neuman Center for Healthcare*	\$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	04/01/2021 – 03/31/2022
	(\$3,471)	10/01/2021 – 03/31/2022
	\$308,810	04/01/2022 - 03/31/2023
Shulman and Schachne Institute For Nursing	\$10,844,900	03/01/2023 – 03/31/2023
	\$10,503,800	04/01/2023 – 03/31/2024
	\$10,655,700	04/01/2024 – 03/31/2025

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