

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.

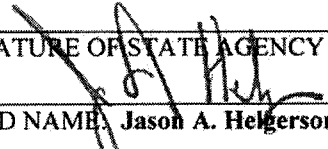

If you have any questions, please contact Joanne Hounsell at 212-616-2446.

Sincerely,

A handwritten signature in black ink that reads "Kristin Fan". The signature is written in a cursive, flowing style.

Kristin Fan
Director

Enclosures

| | | | |
|---|--|--|-----------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 15-0030 | 2. STATE New York |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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 April 1, 2015 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: §1902(a) of the Social Security Act, and 42 CFR 447 | | 7. FEDERAL BUDGET IMPACT: (<i>in thousands</i>) a. FFY 04/01/15-09/30/15 \$13,750.00 b. FFY 10/01/15 -09/30/16 \$27,500.00 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 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) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(5), 47(aa)(6), 47(aa)(7), 47(aa)(8) | |
| 10. SUBJECT OF AMENDMENT: Safety Net/VAP – CINERGY (15/16, 16/17) (FMAP = 50%) | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 1460 Albany, NY 12210 | |
| 13. TYPED NAME: Jason A. Helgeson | | | |
| 14. TITLE: Medicaid Director Department of Health | | | |
| 15. DATE SUBMITTED: JUN 26 2015 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: | | 18. DATE APPROVED: APR 19 2016 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2015 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Kristin Fan | | 22. TITLE: Director, FMG | |
| 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 #15-0030Supersedes TN #14-0039Approval Date APR 19 2016Effective Date APR 01 2015

Attachment 4.19-D – Part I

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

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|---------------------------------------|------------------------------|
| 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 |

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TN #15-0030

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Effective Date APR 01 2015

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

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|---------------------------------------|------------------------------|
| 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 |

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New York
47(aa)(8)**Nursing Homes (Continued):**

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---------------------------------------|------------------------------|
| 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 |

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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):

| 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 |
| 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 |

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Attachment 4.19-D – Part I

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

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|---------------------------------------|------------------------------|
| 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 |

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