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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **16-0050**

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Pages

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

MAR 16 2017

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 16-0050

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 16-0050. Effective October 1, 2016 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to two financially distressed 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 letter is to inform you that New York 16-0050 is approved effective October 1, 2016. The CMS-179 and approved plan pages are enclosed.

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

Sincerely,

Kristin Fan
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **16-0050**

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: **October 1, 2016**

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:
§1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: **(in thousands)**
a. FFY 10/01/16 - 09/30/17 $ 1,850.65
b. FFY 10/01/17 - 09/30/18 $ 4.63

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att 4.19-D – Part I Page 47(aa)(6); 47(aa)(10)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att 4.19-D – Part I Page 47(aa)(6); Page 47(aa)(10)

10. SUBJECT OF AMENDMENT:
Safety Net VAP-Ferncliff NH and Terence Cardinal Cook Health Care Center (Neurodegenerative Group) (FMAP = 50%)

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director**
Department of Health

15. DATE SUBMITTED: DEC 2 0 2016

16. RETURN TO:
New York State Department of Health
Division of Finance & Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: MAR 1 6 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 0 1 2016

20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]

21. TYPED NAME: Kristin Fan

22. TITLE: Director, FMG

23. REMARKS:

FORM HCFA-179 (07-92)

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
	$591,984	06/16/2016 – 03/31/2017
	$ 25,817	04/01/2017 – 03/31/2018
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
	$1,341,809	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
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
	$1,055,223	06/16/2016 – 03/31/2017
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

*Denotes provider is part of CINERGY Collaborative.

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
	$1,013,227	06/16/2016 – 03/31/2017
	$2,659,791	10/01/2016 – 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

*Denotes provider is part of CINERGY Collaborative.