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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: NY 17-0067**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page



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**Financial Management Group**

**JAN 30 2018**

Jason A. Helgeson  
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) 17-0067

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 17-0067. Effective December 1, 2017 this amendment proposes to continue temporary quarterly supplemental payments for St. Joseph's Hospital Elmira through March 31, 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you SPA 17-0067 is approved effective December 1, 2017. We are enclosing the CMS-179 and the amended approved plan page.


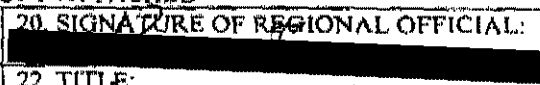
If you have any questions, please contact Charlene Holzbaur at 609-882-4103 Ext. 104.

Sincerely,

A black rectangular redaction box covering the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 17-0067	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 December 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One): <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 (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 12/01/17-09/30/18 \$ 300.00 b. FFY 10/01/18-09/30/19 \$ 300.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A: Page 136(b.2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A: Page 136(b.2)	
10. SUBJECT OF AMENDMENT: Safety Net/VAP-St. Joseph's Hospital (FMAP - 50%)			
11. GOVERNOR'S REVIEW (Check One): <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: DEC 15 2017			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: JAN 30 2018	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 01 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FRIA	
23. REMARKS:			

**New York  
136(b.2)**

**Hospitals (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Oswego Hospital	\$250,000	02/01/2015-03/31/2015
	\$1,000,000	04/01/2015-03/31/2016
	\$1,000,000	04/01/2016-03/31/2017
	\$750,000	04/01/2017-06/30/2017
Arnot Health, Inc/ St. Joseph's Hospital Elmira [St. Joseph's Hospital]	\$1,553,578	09/11/2014 - 03/31/2015
	\$1,773,128	04/01/2015 - 03/31/2016
	\$1,710,279	04/01/2016 - 03/31/2017
	\$ 300,000	12/01/2017 - 03/31/2018
	\$ 600,000	04/01/2018 - 03/31/2019
	\$ 600,000	04/01/2019 - 03/31/2020
	\$ 300,000	04/01/2020 - 03/31/2021

TN   #17-0067    
Supersedes TN   #15-0017  

Approval Date   JAN 30 2018    
Effective Date   DEC 01 2017