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**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **18-0062**

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



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**Financial Management Group**

January 10, 2019

Ms. Donna Frescatore  
State Medicaid Director  
Office of Health Insurance Programs  
NYS Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210

RE: State Plan Amendment (SPA) TN 18-0062

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 18-0062. Effective October 1, 2018 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to two nursing home facilities, Concord Nursing Home and Baptist Nursing and Rehabilitation.

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 18-0062 is approved effective October 1, 2018. 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>1 8 0 0 6 2</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION; TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2018</b>	
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 <b>§ 1902(a) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT a. FFY 10/01/18-09/30/19 \$ 2,203.97 b. FFY 10/01/19-09/30/20 \$ 617.37	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-D Part I: 47(aa)(5), 47(aa)(6)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-D Part I: 47(aa)(5), 47(aa)(6)</b>	
10. SUBJECT OF AMENDMENT <b>Safety Net/VAP - Multiple Nursing Home (FMAP=50%)</b>			
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 1432 Albany, NY 12210	
13. TYPED NAME <b>Donna Frescatore</b>			
14. TITLE <b>Medicaid Director, Department of Health</b>			
15. DATE SUBMITTED <b>December 31, 2018</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED <b>JAN 10 2019</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>OCT 01 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Kristin Fan</b>		22. TITLE <b>Director, FMG</b>	
23. REMARKS			

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
Baptist Nursing and Rehabilitation	\$935,000	10/01/2018 - 03/31/2019
	\$910,000	04/01/2019 - 03/31/2020
	\$347,500	04/01/2020 – 03/31/2021
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 #18-0062  
Supersedes TN #15-0030Approval Date JAN 10 2019  
Effective Date OCT 01 2018

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
Concord Nursing Home	\$2,011,962	10/01/2018 – 03/31/2019
	\$2,011,962	04/01/2019 – 03/31/2020
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
Elderwood at North Creek	\$2,434,828	04/01/2018 – 03/31/2019
	\$1,129,788	04/01/2019 – 03/31/2020
	\$ 435,384	04/01/2020 – 03/31/2021
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
Fencliff 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.

TN #18-0062  
Supersedes TN #18-0014Approval Date JAN 10 2019  
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