## **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**

December 8, 2021

Brett Friedman Acting State Medicaid Director New York State Department of Health 99 Washington Ave- One Commerce Plaza, Suite 1432 Albany, NY 12210

Reference: TN 21-0060

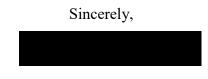
Dear Mr. Friedman:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0060. Effective September 16, 2021, this amendment provides for temporary rate adjustments for United Helpers Canton Nursing Home, Inc.

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 447.

This is to inform you that Medicaid State plan amendment 21-0060 is approved effective September 16, 2021. The CMS-179 and the amended plan pages are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.



Rory Howe Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE		
	3. PROGRAM IDENTIFICATION: 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			
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	7. FEDERAL BUDGET IMPACT     a. FFY\$     b. FFY\$\$			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEL OR ATTACHMENT (If Applicable)	DED PLAN SECTION		
10. SUBJECT OF AMENDMENT				
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	B. RETURN TO			
13. TYPED NAME				
14. TITLE				
15. DATE SUBMITTED September 30, 2021				
FOR REGIONAL OFF				
September 30, 2021	3. DATE APPROVED December 8, 2021			
19. EFFECTIVE DATE OF APPROVED MATERIAL September 16, 2021				
21. TYPED NAME Rory Howe 22	2. TITLE Director, Financial Management G	Group		
23. REMARKS				

## New York 47(aa)(10.2)

## Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
United Helpers Canton	\$11,781,222.00	09/16/2021 - 03/31/2022
Nursing Home, Inc.	\$ 792,070.00	04/01/2022 - 03/31/2023

\*Denotes provider is part of CINERGY Collaborative.

TN <u>#21-0060</u>	Approval Date	December, 8 2021
		September 16, 2021