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State/Territory Name: NY

State Plan Amendment (SPA) #: 22-0049

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

August 14, 2023
Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432
Albany, NY 12210

Reference: TN 22-0049

Dear Medicaid Director:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0049. This amendment proposes a temporary rate adjustment to long term care providers that are undergoing closure, merger, consolidation, acquisition, or restructuring.

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 Subpart C.

This is to inform you that Medicaid State plan amendment NY-22-0049 is approved effective April 1, 2022. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>2</u> — <u>0</u> <u>0</u> <u>4</u> <u>9</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION ^{1905(4)(a) Nursing Facility Services} § 1902(a) of the Social Security Act and 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/22-09/30/22</u> \$ <u>7,500,000</u> b. FFY <u>10/01/22-09/30/23</u> \$ <u>7,500,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D Pages: 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.2),47(aa)(7), 47(aa)(7.1) , 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(9.2), 47(aa)(9.3),47(aa)(10), 47(aa)(10.1), 47(aa)(6.1.a) , 47(aa)(7.1.a)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D Page(s): 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.2),47(aa)(7), 47(aa)(7.1) , 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(10), 47(aa)(10.1), 47(aa)(6.1.a) , 47(aa)(7.1.a)
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9. SUBJECT OF AMENDMENT

VAP - CINERGY

10. GOVERNOR'S REVIEW (Check One)

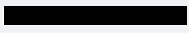
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. 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
12. TYPED NAME Amir Bassiri	
13. TITLE Acting Medicaid Director	
14. DATE SUBMITTED June 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED June 30, 2022	17. DATE APPROVED August 14, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, FMG

22. REMARKS **The State authorizes the following pen and ink changes to the 179:**

Box 9. Federal Statute/ Regulation Citation: 1905(4)(a) Nursing Facility Services

Box 7. Page Number of the Plan Section or Attachment
Attachment 4.19-D Pages: 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.1.a), 47(aa)(6.2),47(aa)(7),47(aa)(7.1.a), 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(9.2), 47(aa)(9.3),47(aa)(10), 47(aa)(10.1)

Box 8. Page Number of the Superseded Plan Section or Attachment (If Applicable)
Attachment 4.19-D Pages: 47(aa)(5),47(aa)(5.1),47(aa)(6),47(aa)(6.1),47(aa)(6.1.a), 47(aa)(6.2),47(aa)(7),47(aa)(7.1.a), 47(aa)(8),47(aa)(8.1),47(aa)(9),47(aa)(9.1), 47(aa)(10), 47(aa)(10.1)

**New York
47(aa)(5)**

1905(4)(a) Nursing Facility Services**Nursing Homes (continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Amsterdam Nursing Home Corp (Amsterdam House)*	\$847,377	04/01/2020 – 03/31/2021
	\$847,377	04/01/2021 – 03/31/2022
	(\$11,859)	10/01/2021 – 03/31/2022
	\$799,375	04/01/2022 – 03/31/2023
Baptist Nursing and Rehabilitation	\$347,500	04/01/2020 – 03/31/2021
Bronx-Lebanon Special Care Center*	\$521,445	04/01/2020 – 03/31/2021
	\$521,445	04/01/2021 – 03/31/2022
	(\$9,201)	10/01/2021 – 03/31/2022
	\$551,640	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049 _____

Superseding TN #21-0059 _____

Approval Date August 14, 2023

Effective Date April 1, 2022

**New York
47(aa)(5.1)**

1905(4)(a) Nursing Facility Services**Nursing Homes (continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Brooklyn United Methodist Church Home*	\$384,919	04/01/2020 – 03/31/2021
	\$384,919	04/01/2021 – 03/31/2022
	\$8,741	10/01/2021 – 03/31/2022
	\$369,825	04/01/2022 – 03/31/2023
Buena Vida Continuing Care & Rehab Ctr	\$642,147	04/01/2020 – 03/31/2021
	\$642,147	04/01/2021 – 03/31/2022
	(\$321,073)	10/01/2021 – 03/31/2022
Carmel Richmond Healthcare and Rehabilitation Center*	\$632,161	04/01/2020 – 03/31/2021
	\$632,161	04/01/2021 – 03/31/2022
	(\$8,847)	10/01/2021 – 03/31/2022
	\$615,961	04/01/2022 – 03/31/2023
Center For Nursing & Rehabilitation Inc	\$746,693	04/01/2020 – 03/31/2021
	\$746,693	04/01/2021 – 03/31/2022
	(\$373,347)	10/01/2021 – 03/31/2022
Chapin Home for the Aging*	\$487,868	04/01/2020 – 03/31/2021
	\$487,868	04/01/2021 – 03/31/2022
	(\$6,828)	10/01/2021 – 03/31/2022
	\$460,231	04/01/2022 – 03/31/2023

*Denotes provider is part of the CINERGY Collaborative

New York
47(aa)(6)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Cobble Hill Health Center*	\$400,000	04/01/2020 – 03/31/2021
	\$400,000	04/01/2021 – 03/31/2022
	\$120,596	10/01/2021 – 03/31/2022
	\$495,826	04/01/2022 – 03/31/2023
Concord Nursing Home	\$250,000	04/01/2020 – 03/31/2021
	\$250,000	04/01/2021 – 03/31/2022
	\$190,447	10/01/2021 – 03/31/2022
	\$371,870	04/01/2022 – 03/31/2023
Eger Health Care and Rehabilitation Center*	\$968,289	04/01/2020 – 03/31/2021
	\$968,289	04/01/2021 – 03/31/2022
	(\$11,517)	10/01/2021 – 03/31/2022
	\$914,404	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(6.1)**

1905(4)(a) Nursing Facility Services**Nursing Homes (continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Elderwood at North Creek	\$435,384	04/01/2020 – 03/31/2021
Elizabeth Seton Pediatric Center*	\$613,670	04/01/2020 – 03/31/2021
	\$613,670	04/01/2021 – 03/31/2022
	\$2,085,707	10/01/2021 – 03/31/2022
	\$ 747,671	04/01/2022 – 03/31/2023
Ferncliff Nursing Home Co Inc.*	\$681,294	04/01/2020 – 03/31/2021
	\$681,294	04/01/2021 – 03/31/2022
	\$36,050	10/01/2021 – 03/31/2022
	\$747,118	04/01/2022 – 03/31/2023
Fort Hudson Nursing Center	\$1,129,968	01/01/2022 – 03/31/2022
	\$118,982	04/01/2022 – 06/30/2022
	\$118,982	07/01/2022 – 09/30/2022
	\$118,983	10/01/2022 – 12/31/2022
	\$118,983	01/01/2023 – 03/31/2023
	\$137,943	04/01/2023 – 06/30/2023
	\$137,943	07/01/2023 – 09/30/2023
	\$137,943	10/01/2023 – 12/31/2023
\$137,943	01/01/2024 – 03/31/2024	

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049
Superseding TN #22-0013

Approval Date August 14, 2023
Effective Date April 1, 2022

**New York
47(aa)(6.1.a)**

1905(4)(a) Nursing Facility Services**Nursing Homes (continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Good Samaritan Nursing Home*	\$371,698	04/01/2020 – 03/31/2021
	\$371,698	04/01/2021 – 03/31/2022
	\$304	10/01/2021 – 03/31/2022
	\$353,258	04/01/2022 – 03/31/2023
Greenfield Health and Rehabilitation Center	\$695,000	01/01/2022 – 03/31/2022
	\$411,875	04/01/2022 – 06/30/2022
	\$411,875	07/01/2022 – 09/30/2022
	\$411,875	10/01/2022 – 12/31/2022
	\$411,875	01/01/2023 – 03/31/2023
	\$155,000	04/01/2023 – 06/30/2023
	\$155,000	07/01/2023 – 09/30/2023
	\$155,000	10/01/2023 – 12/31/2023
Gurwin Jewish Nursing and Rehabilitation Center*	\$1,110,754	04/01/2020 – 03/31/2021
	\$1,110,754	04/01/2021 – 03/31/2022
	\$288,490	10/01/2021 – 03/31/2022
	\$1,351,867	04/01/2022 – 03/31/2023
Hebrew Home for the Aged at Riverdale*	\$1,875,731	04/01/2020 – 03/31/2021
	\$1,875,731	04/01/2021 – 03/31/2022
	\$382,779	10/01/2021 – 03/31/2022
	\$1,971,361	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(6.2)**

1905(4)(a) Nursing Facility Services**Nursing Homes (continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Incarnation Children's Center	\$224,255	10/01/2021 – 03/31/2022
Isabella Geriatric Center Inc*	\$1,633,648	04/01/2020 – 03/31/2020
	\$1,633,648	04/01/2021 – 03/31/2022
	\$397,615	10/01/2021 – 03/31/2022
	\$1,749,498	04/01/2022 – 03/31/2023
Island Nursing and Rehab Center*	\$495,250	04/01/2020 – 03/31/2021
	\$495,250	04/01/2021 – 03/31/2022
	\$11,248	10/01/2021 – 03/31/2022
	\$475,830	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049
Superseding TN #21-0059

Approval Date August 14, 2023
Effective Date April 1, 2022

New York
47(aa)(7)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Island Nursing and Rehab	\$4,200,000	04/01/2020 – 03/31/2021
	\$4,275,000	04/01/2021 – 03/31/2022
Jamaica Hospital Nursing Home Co Inc*	\$505,965	04/01/2020 – 03/31/2021
	\$505,965	04/01/2021 – 03/31/2022
	(\$6,017)	10/01/2021 – 03/31/2022
	\$479,225	04/01/2022 – 03/31/2023
Jefferson’s Ferry	\$324,023	04/01/2020 – 03/31/2021
	\$324,023	04/01/2021– 03/31/2022
	\$37,788	10/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

New York
47(aa)(7.1.a)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Mary Manning Walsh Nursing Home Co Inc*	\$861,601	04/01/2020 – 03/31/2021
	\$861,601	04/01/2021 – 03/31/2022
	(\$12,059)	10/01/2021 – 03/31/2022
	\$895,415	04/01/2022 – 03/31/2023
Menorah Home And Hospital For Rehabilitation and Nursing*	\$800,433	04/01/2020 – 03/31/2021
	\$800,433	04/01/2021 – 03/31/2022
	(\$9,519)	10/01/2021 – 03/31/2022
	\$755,890	04/01/2022 – 03/31/2023
Methodist Home for Nursing and Rehabilitation*	\$291,832	04/01/2020 – 03/31/2021
	\$291,832	04/01/2021 – 03/31/2022
	\$275,592	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049

Approval Date August 14, 2023

Supersedes TN #22-0013

Effective Date April 1, 2022

New York
47(aa)(8)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Parker Jewish Institute for Health Care and Rehabilitation*	\$1,276,548	04/01/2020 – 03/31/2021
	\$1,276,548	04/01/2021 – 03/31/2022
	\$334,605	10/01/2021 – 03/31/2022
	\$1,555,295	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049

Superseding TN #21-0059

Approval Date August 14, 2023

Effective Date April 1, 2022

**New York
47(aa)(8.1)**

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Providence Rest*	\$458,838	04/01/2020 – 03/31/2021
	\$458,838	04/01/2021 – 03/31/2022
	\$6,393	10/01/2021 – 03/31/2022
	\$493,614	04/01/2022 – 03/31/2023
Rebekah Rehabilitation & Extended Care Center Inc*	\$282,288	04/01/2020 - 03/31/2021
	\$282,288	04/01/2021 – 03/31/2022
	\$73,992	10/01/2021 – 03/31/2022
	\$343,928	04/01/2022 – 03/31/2023
Rutland Nursing Home Co Inc.*	\$1,289,994	04/01/2020 – 03/31/2021
	\$1,289,994	04/01/2021 – 03/31/2022
	(\$18,055)	10/01/2021 – 03/31/2022
	\$1,216,918	04/01/2022 – 03/31/2023
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$426,310	04/01/2020 – 03/31/2021
	\$426,310	04/01/2021 – 03/31/2022
	(\$5,070)	10/01/2021 – 03/31/2022
	\$402,586	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(9)**

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Sarah Neuman Center for Healthcare*	\$773,173	04/01/2020 – 03/31/2021
	\$773,173	04/01/2021 – 03/31/2022
	\$3,393	10/01/2021 – 03/31/2022
	\$827,832	04/01/2022 – 03/31/2023
Schaffer Extended Care System*	\$291,907	04/01/2020 – 03/31/2021
	\$291,907	04/01/2021 – 03/31/2022
	(\$3,471)	10/01/2021 – 03/31/2022
	\$308,810	04/01/2022 - 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049
Superseding TN #21-0059

Approval Date August 14, 2023
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**New York
47(aa)(9.1)**

Reserved

TN #22-0049
Superseding TN #22-0013

Approval Date August 14, 2023
Effective Date April 1, 2022

**New York
47(aa)(9.2)**

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Schulman and Schachne Institute for Nursing and Rehabilitation*	\$1,225,719	04/01/2020 – 03/31/2021
	\$1,225,719	04/01/2021 – 03/31/2022
	(\$14,577)	10/01/2021 – 03/31/2022
	\$1,204,270	04/01/2022 – 03/31/2023
Silvercrest*	\$833,785	04/01/2020 – 03/31/2021
	\$833,785	04/01/2021 – 03/31/2022
	(\$11,670)	10/01/2021 – 03/31/2022
	\$798,351	04/01/2022 – 03/31/2023
St Cabrini Nursing Home*	\$748,048	04/01/2020 – 03/31/2021
	\$748,048	04/01/2021 – 03/31/2022
	\$10,327	10/01/2021 – 03/31/2022
	\$788,645	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049

Superseding TN #NEW

Approval Date August 14, 2023

Effective Date April 1, 2022

**New York
47(aa)(9.3)**

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St Johnland Nursing Center*	\$400,000	04/01/2020 – 03/31/2021
	\$400,000	04/01/2021 – 03/31/2022
	\$120,596	10/01/2021 – 03/31/2022
	\$495,826	04/01/2022 – 03/31/2023
St. Mary’s Hospital for Children Inc.*	\$1,053,645	04/01/2020 – 03/31/2021
	\$1,053,645	04/01/2021 – 03/31/2022
	(\$9,241)	10/01/2021 – 03/31/2022
	\$1,052,354	04/01/2022 – 03/31/2023
St. Patrick’s Home*	\$920,596	10/01/2021 – 03/31/2022
	\$486,674	04/01/2022 – 03/31/2023
St Vincent Depaul Residence*	\$276,263	04/01/2021 – 09/30/2021
	\$276,263	04/01/2021 – 03/31/2022
	\$72,414	10/01/2021 – 03/31/2022
	\$3,681,188	01/01/2022 – 03/31/2022
	\$384,746	04/01/2022 – 06/30/2022
	\$384,746	07/01/2022 – 09/30/2022
	\$384,747	10/01/2022 – 12/31/2022
	\$384,747	01/01/2023 – 03/31/2023
\$336,588	04/01/2022 – 03/31/2023	

*Denotes provider is part of CINERGY Collaborative.

TN #22-0049 _____

Superseding TN #NEW _____

Approval Date August 14, 2023

Effective Date April 1, 2022

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

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Terence Cardinal Cooke Health Care Ctr*	\$1,449,586	04/01/2020 – 03/31/2021
	\$1,449,586	04/01/2021 – 03/31/2022
	\$147,364	10/01/2021 – 03/31/2022
	\$1,452,702	04/01/2022 – 03/31/2023
The Jewish Home Hospital*	\$1,248,092	04/01/2020 – 03/31/2021
	\$1,248,092	04/01/2021 – 03/31/2022
	\$271,207	10/01/2021 – 03/31/2022
	\$1,451,106	04/01/2022 – 03/31/2023
The Wartburg Home*	\$671,170	04/01/2020 – 03/31/2021
	\$671,170	04/01/2021 – 03/31/2022
	\$159,719	10/01/2021 – 03/31/2022
	\$769,740	04/01/2022 – 03/31/2023
Trustees Eastern Star Hall and Home	\$ 869,050	01/01/2022 – 03/31/2022
United Hebrew Geriatric Center*	\$762,452	04/01/2020 – 03/31/2021
	\$762,452	04/01/2021 – 03/31/2022
	(\$9,068)	10/01/2021 – 03/31/2022
	\$776,512	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(10.1)**

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
VillageCare Rehabilitation and Nursing Center	\$621,763	04/01/2020 – 03/31/2021
	\$621,763	04/01/2021 – 03/31/2022
	\$14,120	10/01/2021 – 03/31/2022
	\$597,382	04/01/2022 – 03/31/2023
St. Mary's Center*	\$259,009	04/01/2022 – 03/31/2023

*Denotes provider is part of CINERGY Collaborative.