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

APR 18 2016

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 14-0039

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 14-0039. Effective January 1, 2015 this amendment revises temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments for eight nursing homes and adds new payments for 47 additional facilities.

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 is to inform you that New York 14-0039 is approved effective January 1, 2015 and have enclosed the CMS-179 and approved plan pages.

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

Sincerely,

Kristin Far Director

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Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1 PP 2 1 PP 2 1 PP 2 PP 2 PP 2 PP 2 PP	OMB NO. 0938-
STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER:	2. STATE
A SA	14-0039	
FOR: HEALTH CARE FINANCING ADMINISTRATION	2 80000	New York
	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
	SOCIAL SECURITY ACT (MEDI	CAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2015	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	1,2010	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONS	IDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate Transmittal for each an	rendment)
or reperate stato terreducation CITATION:	7. FEDERAL BUDGET IMPACT: (in	thousands)
§1902(a) of the Social Security Act, and 42 CFR 447	a. FFY 1/01/15-09/30/15 \$ 29,644	
	b. FFY 10/01/15-09/30/16 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN
:	SECTION OR ATTACHMENT (If App	dicable):
Att 4.19-D - Part I Page 47(aa)(4); 47(aa)(5); 47(aa)(6); 47(aa)(7);	(9.14)	
47(aa)(8)	Att 4.19-D - Part I Page 47(aa)(4); 47	(22)(5)
	()(-),	(du)(o)
10. SUBJECT OF AMENDMENT:		
Safety Net VAP/LTC - CINERGY; Neurodegenerative Groups		
(FMAP = 50%)		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPECI	FIED:
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Province
THO KELL RECEIVED MILHIN 43 DAYS OF SUBMILIAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
IS STOUTH OF STATE ADERCY OFFICIAL:	16. RETURN TO:	
Kallon	New York State Department of Health	ł
13. TYPED NAME: Jason A. Helgerson	Division of Finance & Rate Setting	***
	99 Washington Ave - One Commerce	Plaza
14. TITLE: Medicaid Director	Suite 1460	
Department of Health	Albany, NY 12210	
15. DATE SUBMITTED: MAR 0 2 2015		**************************************
FOR REGIONAL OFFIC	E USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: APR 18 20	146
	AFR 18 20	110
PLAN APPROVED – ONE C	OPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAT ·
JAN 0 1 2015	BUILT	. O. I. I.
21. TYPED NAME:	22. TITLE:	8
MINISTEN FAN	Disector MC	2
23. REMARKS:		
		W 199
		-

New York 47(aa)(4)

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures — Nursing Homes

A temporary rate adjustment will be provided to eligible residential health care providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible residential health care providers, the amount of the temporary rate adjustment, and the duration of each rate adjustment period shall be listed in the table which follows. The total adjustment amount for each period shown below will be paid quarterly during each period in equal installments. The temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary rate adjustments have been approved for the following providers in the amounts and for the effective periods listed.

Nursing Homes:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Adirondack Medical Center - Mercy	\$6,694	01/01/2014 - 03/31/2014
Living Center	\$723,872	04/01/2014 - 03/31/2015
Adinonded Madical Control History	\$2,273,884	01/01/2014 - 03/31/2014
Adirondack Medical Center - Uihlein	\$2,359,369	04/01/2014 - 03/31/2015
Living Center	\$821,793	04/01/2015 - 03/31/2016
	g in the second	
Adirondack Tri-County Nursing &	\$225,680	01/01/2014 - 03/31/2014
Rehabilitation Center, Inc.	\$1,369,690	04/01/2014 - 03/31/2015
	iliyaya karan sa	
Amsterdam Nursing Home Corp (Amsterdam House)*	<u>\$1,430,938</u>	01/01/2015 - 03/31/2015
		The second second
Beth Abraham Health Services*	\$2,460,249	01/01/2015 - 03/31/2015
*Denotes provider is part of CINERGY Co	l bliaborative.	

TN #14-0	039	Approval Date	APR 18 2016
Supercedes TN	#14-0012	Effective Date	JAN 01 2015

New York 47(aa)(5)

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Bronx Lebanon Special Care Center*	<u>\$788,294</u>	<u>01/01/2015 - 03/31/2015</u>
Brooklyn United Methodist Church Home*	<u>\$702,169</u>	<u>01/01/2015 - 03/31/2015</u>
Buena Vida Continuing Care & Rehab Ctr.*	<u>\$970,765</u>	01/01/2015 - 03/31/2015
Cabrini Center for Nursing*	\$1,130,860	01/01/2015 - 03/31/2015
Carmel Richmond Healthcare and Rehabilitation Center*	<u>\$1,084,185</u>	01/01/2015 - 03/31/2015
Center For Nursing & Rehabilitation Inc.*	<u>\$1,179,939</u>	01/01/2015 - 03/31/2015
Chapin Home for the Aging*	<u>\$771,403</u>	01/01/2015 - 03/31/2015
Charles T. Sitrin Health Care Center Inc.	2,000,000	01/01/2015 - 03/31/2015
Crouse Community Center	\$645,000 \$710,000 \$65,000	01/01/2014 - 03/31/2014 04/01/2014 - 03/31/2015 04/01/2015 - 03/31/2016
Eger Health Care and Rehabilitation Center*	\$1,463,808	01/01/2015 - 03/31/2015
Elizabeth Seton Pediatric Center*	<u>\$927,714</u>	01/01/2015 - 03/31/2015
Ferncliff Nursing Home Co Inc.*	\$3,029,944	01/01/2015 - 03/31/2015
Field Home – Holy Comforter	\$534,500 \$534,500	04/01/2012 - 03/31/2013 04/01/2013 - 03/31/2014
Gurwin Jewish Nursing and Rehabilitation Center*	<u>\$1,778,009</u>	01/01/2015 - 03/31/2015
Heritage Commons Residential Health Care	\$976,816 \$834,744	01/01/2014 - 03/31/2014 04/01/2014 - 03/31/2015

*Denotes provider is part of CINERGY Collaborative.

TN #14-0039	Approval Date _	APR 1-8 2016
Supersedes TN #14-0012	Effective Date	JAN 0 1 2015

New York 47(aa)(6)

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate	Rate Period Effective
	Adjustment	Griffer and State of the State
Isabella Geriatric Center Inc.*	\$2,902,269	01/01/2015 - 03/31/2015
Island Nursing and Rehab Center*	\$903,195	01/01/2015 - 03/31/2015
		02/02/2019
Jamaica Hospital Nursing Home Co	\$764,892	01/01/2015 - 03/31/2015
<u>Inc.*</u>	<u> </u>	<u> </u>
Jewish Home Lifecare Henry and		
Jeanette Weinberg Campus Bronx*	<u>\$2,939,255</u>	<u>01/01/2015 – 03/31/2015</u>
Jewish Home LifeCare Manhattan*	\$1,947,662	01/01/2015 - 03/31/201 <u>5</u>
<u>Jewish Home LifeCare Sarah Neuman</u> Center*	<u>\$1,169,410</u>	<u>01/01/2015 - 03/31/2015</u>
<u>Ceriter</u>		
Lutheran Augustana Center for	±1 01C 0C1	04/04/2045 02/24/2045
Extended Care & Rehab*	<u>\$1,016,961</u>	<u>01/01/2015 – 03/31/2015</u>
Page		and the lease of the state of t
Margaret Tietz Center For Nursing Care Inc.*	<u>\$700,877</u>	01/01/2015 - 03/31/2015
Care Inc.	L	
Mary Manning Walsh Nursing Home	\$1,453,160	01/01/2015 - 03/31/2015
Co Inc.*	\$1,433,100	01/01/2013 - 03/31/2013
Manager Harris And Harried For		Terakan a Ali Tabasan ang Ka
Menorah Home And Hospital For Rehabilitation and Nursing*	<u>\$1,210,053</u>	<u>01/01/2015 - 03/31/2015</u>
Kendomedeen and Harsing	received the second of the sec	
Methodist Home for Nursing and	\$441,177	01/01/2015 - 03/31/2015
Rehabilitation*	3111,177	01/01/2013 - 03/31/2013
New York Congressional Number	Γ	Constant of the second of the
New York Congregational Nursing Center Inc.*	<u>\$717,376</u>	<u>01/01/2015 - 03/31/2015</u>
Concer And	J. Carlotte and the second sec	
	\$5,597,952	04/01/2012 - 03/31/2013
	\$3,885,888	04/01/2013 - 12/31/2013
Northeast Center for Special Care	\$5,312,562	01/01/2014 - 03/31/2014
	\$5,027,984 \$815,934	04/01/2014 - 03/31/2015 04/01/2015 - 03/31/2016
	40T2\274	1 04/01/2013 - 03/31/2010
Palisade Nursing Home Company	#077 C14	01/01/2015 02/21/2015
Inc.*	<u>\$977,614</u>	01/01/2015 - 03/31/2015
		E Marine De Company

*Denotes provider is part of CINERGY Collaborative.

TN #14-0039	Approval Date	APR 1.8 2016
Supersedes TN <u>NEW</u>	Effective Date _	JAN 0 1 2015

New York 47(aa)(7)

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Parker Jewish Institute for Health Care and Rehabilitation*	<u>\$1,929,819</u>	<u>01/01/2015 – 03/31/2015</u>
Providence Rest*	<u>\$693,647</u>	01/01/2015 - 03/31/2015
Rebekah Rehabilitation & Extended Care Center Inc*	<u>\$387,029</u>	01/01/2015 - 03/31/2015
Riverdale Nursing Home*	<u>\$1,858,017</u>	01/01/2015 - 03/31/2015
Rutland Nursing Home Co Inc.*	\$2,234,772	01/01/2015 - 03/31/2015
Saints Joachim & Anne Nursing and Rehabilitation Center*	<u>\$644,472</u>	01/01/2015 - 03/31/2015
Samaritan Keep Nursing Home Inc.	\$4,500,000 \$4,500,000	02/01/2014 - 03/31/2014 04/01/2014 - 03/31/2015
Schaffer Extended Care System*	\$441,290	01/01/2015 - 03/31/2015
Schervier Nursing Care Center*	\$1,421,550	01/01/2015 - 03/31/2015
Schnurmacher Center for Rehabilitation and Nursing*	<u>\$539,168</u>	01/01/2015 - 03/31/2015
Schulman and Schachne Institute for Nursing and Rehabilitation*	\$1,852,978	01/01/2015 - 03/31/2015
Silvercrest*	\$1,293,304	01/01/2015 - 03/31/2015
St. Mary's Hospital for Children Inc.*	<u>\$1,777,136</u>	01/01/2015 - 03/31/2015
St Vincent Depaul Residence*	\$417,641	01/01/2015 - 03/31/2015
Terence Cardinal Cooke Health Care Ctr*	\$3,130,256	01/01/2015 - 03/31/2015

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Supersedes TN <u>NEW</u>	Effective Date JAN 01 2015	

New York 47(aa)(8)

Nursing Homes (Continued):

Provider Name	Gross Medicald Rate Adjustment	Rate Period Effective
The Wartburg Home*	\$1,020,644	01/01/2015 - 03/31/2015
United Hebrew Geriatric Center*	<u>\$1,152,635</u>	01/01/2015 - 03/31/2015
<u>Victoria Home</u>	<u>\$500,000</u>	01/01/2015 - 03/31/2015
VillageCare Rehabilitation and Nursing Center*	<u>\$1,132,647</u>	01/01/2015 - 03/31/2015
	3	

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