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State/Territory Name: New York

State Plan Amendment (SPA) #: 18-0014

This file contains the following documents in the order listed:

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

### 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**

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

JUL 26 2018

RE: State Plan Amendment (SPA) TN 18-0014

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 18-0014. Effective April 1, 2018 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to Elderwood at Northcreek Nursing Facility.

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 18-0014 is approved effective April 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

HEALTH CARE FINANCING ADMINISTRATION		ONID INO. 0936		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0014	2. STATE New York		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX ( SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2018			
5. TYPE OF PLAN MATERIAL (Check One):		***		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS		AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI				
6. FEDERAL STATUTE/REGULATION CITATION: § 1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/18-09/30/18 \$ 608.71 b. FFY 10/01/18-09/30/19 \$ 891.15			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
Attachment4.19-D Part I: 47(aa)(6)	Attachment 4.19-D Part I: 47(aa)(6)			
10. SUBJECT OF AMENDMENT: Safety Net/VAP- Elderwood at North Creek (FMAP = 50%)	· ·			
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 SPEC	IFIED:		
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			
13. TYPED NAME: Donna Frescatore				
14. TITLE: Medicaid Director  Department of Health	Suite 1432 Albany, NY 12210			
15. DATE SUBMITTED: JUN 2 2 2018				
FOR REGIONAL OFFI				
17. DATE RECEIVED:	18. DATE APPROVED: JUL 2	<b>6</b> 2018		
PĽAN APPROVED – ONE C	COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MAPERIAL: 2018	20. SIGNATURE OF REGIONAL OF	FICIAL:		
21. TYPED NAME: Kristin Fan	22. TITLE: Drector, FMG	military as		
23. REMARKS:				

### New York 47(aa)(6)

## **Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$2,000,000	01/01/2015 - 03/31/2015
Charles T. Sitrin Health Care Center Inc.	\$591,984	06/16/2016 - 03/31/2017
	\$ 25,817	04/01/2017 - 03/31/2018
	\$645,000	01/01/2014 - 03/31/2014
Crouse Community Center	\$710,000	04/01/2014 - 03/31/2015
,	\$65,000	04/01/2015 - 03/31/2016
Eger Health Care and Rehabilitation	\$1,463,808	01/01/2015 - 03/31/2015
Center*	\$1,483,526	04/01/2015 - 03/31/2016
	\$1,480,245	04/01/2016 - 03/31/2017
	<u>\$2,434,828</u>	04/01/2018 - 03/31/2019
Elderwood at North Creek	\$1,129,788	04/01/2019 03/31/2020
	<u>\$ 435,384</u>	04/01/2020 - 03/31/2021
		04/04/2015 02/21/2015
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
		01/01/2015 02/21/2015
	\$3,029,944	01/01/2015 - 03/31/2015
	\$1,043,818	04/01/2015 - 03/31/2016
Ferncliff Nursing Home Co Inc.*	\$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
	¢E24 E00	04/01/2012 - 03/31/2013
Field Home – Holy Comforter	\$534,500 \$534,500	04/01/2012 - 03/31/2013
	\$534,500	04/01/2013 = 03/31/2014
	\$1,778,009	01/01/2015 - 03/31/2015
Gurwin Jewish Nursing and	\$1,801,960	04/01/2015 - 03/31/2016
Rehabilitation Center*	\$1,797,975	04/01/2016 - 03/31/2017
	41// 3// 3/	4.00
	\$976,816	01/01/2014 - 03/31/2014
Heritage Commons Residential Health Care	\$834,744	04/01/2014 - 03/31/2015
	\$1,055,223	06/16/2016 - 03/31/2017
	<del>1</del> -//	
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.
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Approval	Date					
<b>Effective</b>	Date	ΔPR	0	1	2018	

JUL 26 2018

TN <u>#18-0014</u> Supersedes TN <u>#16-0050</u>