

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

February 6, 2020

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

RECEIVED
FEB 18 2020
NYS DOH-OFFICE OF
HEALTH INSURANCE PROGRAMS
M-18

RE: State Plan Amendment (SPA) TN 19-0055

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 19-0055. Effective December 13, 2019 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to Island Nursing and Rehabilitation Center.

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 19-0055 is approved effective December 13, 2019. The CMS-179 and approved plan page are enclosed.

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

Sincerely,

Kristin Fan
Director

Enclosures

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 5 5

2. STATE

New York

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

December 13, 2019

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

§ 1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 12/13/19-09/30/20 \$ 2,737.50
b. FFY 10/01/20-09/30/21 \$ 2,118.75

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D: Page 47(aa)(7)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-D: Page 47(aa)(7)

10. SUBJECT OF AMENDMENT

Safety Net/VAP - Island Rehabilitation and Nursing Center
(FMAP=50%)

11. 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

12. SIGNATURE OF STATE AGENCY OFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

December 27, 2019

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

February 6, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

December 13, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMG

23. REMARKS

New York
47(aa)(7)**Nursing Homes (Continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Island Nursing and Rehab	\$3,375,000	12/13/2019 – 03/31/2020
	\$4,200,000	04/01/2020 – 03/31/2021
	\$4,275,000	04/01/2021 – 03/31/2022
Jamaica Hospital Nursing Home Co Inc*	\$764,892	01/01/2015 – 03/31/2015
	\$775,195	04/01/2015 – 03/31/2016
	\$773,481	04/01/2016 – 03/31/2017
Jewish Home Lifecare Henry and Jeanette Weinberg Campus Bronx*	\$2,939,255	01/01/2015 – 03/31/2015
	\$2,978,848	04/01/2015 – 03/31/2016
	\$2,972,260	04/01/2016 – 03/31/2017
Jewish Home LifeCare Manhattan*	\$1,947,662	01/01/2015 – 03/31/2015
	\$1,973,898	04/01/2015 – 03/31/2016
	\$1,969,532	04/01/2016 – 03/31/2017
Jewish Home LifeCare Sarah Neuman Center*	\$1,169,410	01/01/2015 – 03/31/2015
	\$1,185,162	04/01/2015 – 03/31/2016
	\$1,182,541	04/01/2016 – 03/31/2017
Lutheran Augustana Center for Extended Care & Rehab*	\$1,016,961	01/01/2015 – 03/31/2015
	\$1,030,660	04/01/2015 – 03/31/2016
	\$1,028,381	04/01/2016 – 03/31/2017
Margaret Tietz Center For Nursing Care Inc*	\$700,877	01/01/2015 – 03/31/2015
	\$710,318	04/01/2015 – 03/31/2016
	\$708,747	04/01/2016 – 03/31/2017
Mary Manning Walsh Nursing Home Co Inc*	\$1,453,160	01/01/2015 – 03/31/2015
	\$1,472,735	04/01/2015 – 03-31-2016
	\$1,469,478	04/01/2016 – 03-31-2017
Menorah Home And Hospital For Rehabilitation and Nursing*	\$1,210,053	01/01/2015 – 03/31/2015
	\$1,226,353	04/01/2015 – 03/31/2016
	\$1,223,641	04/01/2016 – 03/31/2017
Methodist Home for Nursing and Rehabilitation*	\$441,177	01/01/2015 – 03/31/2015
	\$447,120	04/01/2015 – 03/31/2016
	\$446,131	04/01/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.

TN #19-0055 Approval Date February 6, 2020Supersedes TN #15-0030 Effective Date December 13, 2019