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State/Territory Name: NY

State Plan Amendment (SPA) #: 23-0014

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

September 5, 2024

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

RE: TN 23-0014

Dear Medicaid Director:

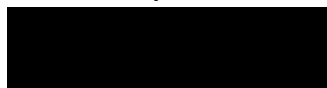
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 23-0014, which was submitted to CMS on (March 30, 2023). This plan amendment assists hospitals by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of March 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 4

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(4)(A) Nursing Facility Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 03/01/23-09/30/23 \$ 22,500,000
b. FFY 10/01/23-09/30/24 \$ 15,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Part I Pages: 47(aa)(8.1), 47(aa)(9)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-D Part I Pages: 47(aa)(8.1), 47(aa)(9)

9. SUBJECT OF AMENDMENT

Safety Net/VAP Rutland Nursing Home and Schulman and Schachne Institute

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

March 30, 2023

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

FOR CMS USE ONLY

16. DATE RECEIVED

March 30, 2023

17. DATE APPROVED

September 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

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	04/01/2021 – 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	04/01/2021 – 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	04/01/2021 – 03/31/2022
	(\$18,055)	10/01/2021 – 03/31/2022
	\$1,216,918	04/01/2022 – 03/31/2023
	\$19,155,100	03/01/2023 - 03/31/2023
	\$19,496,200	04/01/2023 – 03/31/2024
	\$19,344,300	04/01/2024 – 03/31/2025
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$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.

TN #23-0014

Approval Date September 5, 2024

Supersedes TN #22-0049

Effective Date March 1, 2023

**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	04/01/2021 – 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	04/01/2021 – 03/31/2022
	(\$3,471)	10/01/2021 – 03/31/2022
	\$308,810	04/01/2022 - 03/31/2023
Shulman and Schachne Institute For Nursing	\$10,844,900	03/01/2023 – 03/31/2023
	\$10,503,800	04/01/2023 – 03/31/2024
	\$10,655,700	04/01/2024 – 03/31/2025

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