

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 23-0081**

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



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**Financial Management Group**

October 17, 2024

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

RE: TN 23-0081

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 23-0081, which was submitted to CMS on September 29, 2023. This plan amendment continues temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers.

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 July 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](mailto: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 <u>2 3</u> — <u>0 0 8 1</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  
**July 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**§1905(4)(a) Nursing Facility Services**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 07/01/23-09/30/23 \$ 5,000,000  
b. FFY 10/01/23-09/30/24\* \$ 10,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19- D Part I 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)(9.2), 47(aa)(9.3),47(aa)(10), 47(aa)(10.1)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19- D Part I 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)(9.2), 47(aa)(9.3),47(aa)(10), 47(aa)(10.1)**

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. 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 Medicaid Director	
14. DATE SUBMITTED September 29, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED September 29, 2023	17. DATE APPROVED October 17, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group

22. REMARKS  
  
**\*\*please note that the fiscals run to 3/31/24.**

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)*	\$799,375	04/01/2022 – 03/31/2023
	\$759,406	07/01/2023 – 03/31/2024
Bronx-Lebanon Special Care Center*	\$551,640	04/01/2022 – 03/31/2023
	\$522,747	07/01/2023 – 03/31/2024

\*Denotes provider is part of CINERGY Collaborative.

TN #23-0081

Superseding TN #22-0049

Approval Date October 17, 2024

Effective Date July 1, 2023

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*	\$369,825	04/01/2022 – 03/31/2023
	\$394,421	07/01/2023 – 03/31/2024
Carmel Richmond Healthcare and Rehabilitation Center*	\$615,961	04/01/2022 – 03/31/2023
	\$636,012	07/01/2023 – 03/31/2024
Chapin Home for the Aging*	\$460,231	04/01/2022 – 03/31/2023
	\$437,219	07/01/2023 - 03/31/2024

\*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*	\$495,826	04/01/2022 – 03/31/2023
	\$527,480	07/01/2023 – 03/31/2024
Concord Nursing Home*	\$371,870	04/01/2022 – 03/31/2023
	\$395,610	07/01/2023 - 03/31/2024
Eger Health Care and Rehabilitation Center*	\$914,404	04/01/2022 – 03/31/2023
	\$909,294	07/01/2023 – 03/31/2024

\*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
Elizabeth Seton Pediatric Center*	\$ 747,671	04/01/2022 – 03/31/2023
	\$795,402	07/01/2023 – 03/31/2024
Ferncliff Nursing Home Co Inc.*	\$747,118	04/01/2022 – 03/31/2023
	\$794,814	07/01/2023 – 03/31/2024
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.

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*	\$353,258	04/01/2022 – 03/31/2023
	\$364,063	07/01/2023 – 03/31/2024
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*	\$1,351,867	04/01/2022 – 03/31/2023
	\$1,438,170	07/01/2023 – 03/31/2024
Hebrew Home for the Aged at Riverdale*	\$1,971,361	04/01/2022 – 03/31/2023
	\$1,883,465	07/01/2023 – 03/31/2024

\*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*	\$1,749,498	04/01/2022 – 03/31/2023
	\$1,662,023	07/01/2023 – 03/31/2024
Island Nursing and Rehab Center*	\$475,830	04/01/2022 – 03/31/2023
	\$452,039	07/01/2023 – 03/31/2024

\*Denotes provider is part of CINERGY Collaborative.

New York  
47(aa)(7)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Jamaica Hospital Nursing Home Co	\$479,225	04/01/2022 – 03/31/2023
Inc*	\$453,918	07/01/2023 – 03/31/2024

\*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*	\$895,415	04/01/2022 – 03/31/2023
	\$948,383	07/01/2023 – 03/31/2024
Menorah Home And Hospital For Rehabilitation and Nursing*	\$755,890	04/01/2022 – 03/31/2023
	\$745,518	07/01/2023 – 03/31/2024
Methodist Home for Nursing and Rehabilitation*	\$275,592	04/01/2022 – 03/31/2023
	\$293,921	07/01/2023 – 03/31/2024

\*Denotes provider is part of CINERGY Collaborative.

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*	\$1,555,295	04/01/2022 – 03/31/2023
	\$1,654,585	07/01/2023 – 03/31/2024

\*Denotes provider is part of CINERGY Collaborative.

TN #23-0081

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

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

**Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Providence Rest*	\$493,614	04/01/2022 – 03/31/2023
	\$525,127	07/01/2023 – 03/31/2024
Rebekah Rehabilitation & Extended Care Center Inc*	\$343,928	04/01/2022 – 03/31/2023
	\$331,686	07/01/2023 – 03/31/2024
Rutland Nursing Home Co Inc.*	\$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
	\$ 1,166,928	07/01/2023 – 03/31/2024
	\$19,344,300	04/01/2024 – 03/31/2025
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$402,586	04/01/2022 – 03/31/2023
	\$382,456	07/01/2023 – 03/31/2024

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

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

**Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Sarah Neuman Center for Healthcare*	\$827,832	04/01/2022 – 03/31/2023
	\$842,992	07/01/2023 – 03/31/2024
<hr/>		
Schaffer Extended Care System*	\$308,810	04/01/2022 - 03/31/2023
	\$292,636	07/01/2023 – 03/31/2024
<hr/>		
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

\*Denotes provider is part of CINERGY Collaborative.

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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*	\$1,204,270	04/01/2022 – 03/31/2023
	\$1,136,170	07/01/2023 – 03/31/2024
Silvercrest*	\$798,351	04/01/2022 – 03/31/2023
	\$770,721	07/01/2023 – 03/31/2024
St Cabrini Nursing Home*	\$788,645	04/01/2022 – 03/31/2023
	\$761,351	07/01/2023 – 03/31/2024

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TN #23-0081  
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**New York  
47(aa)(9.3)**

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

**Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
St Johnland Nursing Center*	\$495,826	04/01/2022 – 03/31/2023
	\$527,480	07/01/2023 – 03/31/2024
St. Mary’s Hospital for Children Inc.*	\$1,052,354	04/01/2022 – 03/31/2023
	\$1,114,606	07/01/2023 – 03/31/2024
St. Patrick’s Home*	\$486,674	04/01/2022 – 03/31/2023
	\$459,153	07/01/2023 – 03/31/2024
St Vincent Depaul Residence*	\$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
	\$337,197	07/01/2023 – 03/31/2024

\*Denotes provider is part of CINERGY Collaborative.



**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*	\$1,452,702	04/01/2022 – 03/31/2023
	\$1,380,067	07/01/2023 – 03/31/2024
The Jewish Home Hospital*	\$1,451,106	04/01/2022 – 03/31/2023
	\$1,572,645	07/01/2023 – 03/31/2024
The Wartburg Home*	\$769,740	04/01/2022 – 03/31/2023
	\$736,907	07/01/2023 – 03/31/2024
Trustees Eastern Star Hall and Home	\$ 869,050	01/01/2022 – 03/31/2022
United Hebrew Geriatric Center*	\$776,512	04/01/2022 – 03/31/2023
	\$749,638	07/01/2023 – 03/31/2024

\*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*	\$597,382	04/01/2022 – 03/31/2023
	\$567,513	07/01/2023 – 03/31/2024
St. Mary's Center*	\$259,009	04/01/2022 – 03/31/2023
	\$276,235	07/01/2023 – 03/31/2024

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