



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

June 30, 2020

National Institutional Reimbursement Team
Attention: Mark Cooley
CMS, CMCS
7500 Security Boulevard, M/S S3-14-28
Baltimore, MD 21244-1850

RE: SPA #20-0029
Long Term Care Facility Services

Dear Mr. Cooley:

The State requests approval of the enclosed amendment #20-0029 to the Title XIX (Medicaid) State Plan for long term care facility services to be effective April 1, 2020 (Appendix I). This amendment is being submitted based on regulatory authority. A summary of the proposed amendment is provided in Appendix II.

This amendment is submitted pursuant to §1902(a) of the Social Security Act (42 USC 1396a(a)) and Title 42 of the Code of Federal Regulations, Part 447, Subpart C, (42 CFR §447).

A copy of the pertinent section of the regulation is enclosed for your information (Appendix III). Copies of the public notice of this proposed amendment, which was given in the New York State Register on March 25, 2020 is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures
cc: Todd McMillion

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 2 9

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

April 1, 2020

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(r)(5) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 04/01/20-09/30/20 \$ 7,500,000.00

b. FFY 10/01/20-09/30/21 \$ 15,000,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 4.19-D Page(s): 47(aa)(5), 47(aa)(5.1), 47(aa)(6), 47(aa)(6.1), 47(aa)(6.2), 47(aa)(7), 47(aa)(7.1), 47(aa)(8), 47(aa)(8.1), 47(aa)(9), 47(aa)(9.1), 47(aa)(10), 47(aa)(10.1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment: 4.19-D Page(s): 47(aa)(5), 47(aa)(6), 47(aa)(7), 47(aa)(8), 47(aa)(9), 47(aa)(10)

10. SUBJECT OF AMENDMENT

CINERGY
(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 OFFICIAL

[Redacted Signature]

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED June 30, 2020

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

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

Attachment A – Replacement Pages

**New York
47(aa)(5)**

[Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Amsterdam Nursing Home Corp (Amsterdam House)*	\$1,430,938	01/01/2015 – 03/31/2015
	\$1,450,213	04/01/2015 – 03/31/2016
	\$1,447,006	04/01/2016 – 03/31/2017
Baptist Nursing and Rehabilitation	\$935,000	10/01/2018 - 03/31/2019
	\$910,000	04/01/2019 - 03/31/2020
	\$347,500	04/01/2020 – 03/31/2021
Beth Abraham Health Services*	\$2,460,249	01/01/2015 – 03/31/2015
	\$2,493,389	04/01/2015 – 03/31/2016
	\$2,487,874	04/01/2016 – 03/31/2017
Bronx-Lebanon Special Care Center*	\$788,294	01/01/2015 – 03/31/2015
	\$798,912	04/01/2015 – 03/31/2016
	\$797,146	04/01/2016 – 03/31/2017
Brooklyn United Methodist Church Home*	\$702,169	01/01/2015 – 03/31/2015
	\$707,212	04/01/2015 – 03/31/2016
	\$706,273	04/01/2016 – 03/31/2017
Buena Vida Continuing Care & Rehab Ctr*	\$970,765	01/01/2015 – 03/31/2015
	\$983,841	04/01/2015 – 03/31/2016
	\$981,665	04/01/2016 – 03/31/2017
Cabrini Center for Nursing*	\$1,130,860	01/01/2015 – 03/31/2015
	\$1,146,093	04/01/2015 – 03/31/2016
	\$1,143,558	04/01/2016 – 03/31/2017
Carmel Richmond Healthcare and Rehabilitation Center*	\$1,084,185	01/01/2015 – 03/31/2015
	\$1,098,790	04/01/2015 – 03/31/2016
	\$1,096,359	04/01/2016 – 03/31/2017
Center For Nursing & Rehabilitation Inc*	\$1,179,939	01/01/2015 – 03/31/2015
	\$1,195,833	04/01/2015 – 03/31/2016
	\$1,193,189	04/01/2016 – 03/31/2017
Chapin Home for the Aging*	\$771,403	01/01/2015 – 03/31/2015
	\$781,794	04/01/2015 – 03/31/2016
	\$780,065	04/01/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.]

TN #20-0029
Supersedes TN #18-0062

Approval Date _____
Effective Date April 1, 2020

New York
47(aa)(6)

[Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Charles T. Sitrin Health Care Center Inc.	\$2,000,000	01/01/2015 – 03/31/2015
	\$591,984	06/16/2016 – 03/31/2017
	\$ 25,817	04/01/2017 – 03/31/2018
Concord Nursing Home	\$2,011,962	10/01/2018 – 03/31/2019
	\$2,011,962	04/01/2019 – 03/31/2020
Crouse Community Center	\$645,000	01/01/2014 – 03/31/2014
	\$710,000	04/01/2014 – 03/31/2015
	\$65,000	04/01/2015 – 03/31/2016
Eger Health Care and Rehabilitation Center*	\$1,463,808	01/01/2015 – 03/31/2015
	\$1,483,526	04/01/2015 – 03/31/2016
	\$1,480,245	04/01/2016 – 03/31/2017
Elderwood at North Creek	\$2,434,828	04/01/2018 – 03/31/2019
	\$1,129,788	04/01/2019 – 03/31/2020
	\$ 435,384	04/01/2020 – 03/31/2021
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
Ferncliff Nursing Home Co Inc.*	\$3,029,944	01/01/2015 – 03/31/2015
	\$1,043,818	04/01/2015 – 03/31/2016
	\$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
Field Home – Holy Comforter	\$534,500	04/01/2012 – 03/31/2013
	\$534,500	04/01/2013 – 03/31/2014
Gurwin Jewish Nursing and Rehabilitation Center*	\$1,778,009	01/01/2015 – 03/31/2015
	\$1,801,960	04/01/2015 – 03/31/2016
	\$1,797,975	04/01/2016 – 03/31/2017
Heritage Commons Residential Health Care	\$976,816	01/01/2014 – 03/31/2014
	\$834,744	04/01/2014 – 03/31/2015
	\$1,055,223	06/16/2016 – 03/31/2017
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.]

**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 #20-0029

Approval Date _____

Supersedes TN #19-0055

Effective Date April 1, 2020

**New York
47(aa)(8)**

[Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
New York Congregational Nursing Center Inc*	\$717,376	01/01/2015 – 03/31/2015
	\$727,040	04/01/2015 – 03/31/2016
	\$725,432	04/01/2016 – 03/31/2017
Northeast Center for Special Care	\$5,597,952	04/01/2012 – 03/31/2013
	\$3,885,888	04/01/2013 – 12/31/2013
	\$5,312,562	01/01/2014 – 03/31/2014
	\$5,027,984	04/01/2014 – 03/31/2015
	\$815,934	04/01/2015 – 03/31/2016
Palisade Nursing Home Company Inc*	\$977,614	01/01/2015 – 03/31/2015
	\$990,783	04/01/2015 – 03/31/2016
	\$988,592	04/01/2016 – 03/31/2017
Parker Jewish Institute for Health Care and Rehabilitation*	\$1,929,819	01/01/2015 – 03/31/2015
	\$1,955,814	04/01/2015 – 03/31/2016
	\$1,951,489	04/01/2016 – 03/31/2017
Providence Rest*	\$693,647	01/01/2015 – 03/31/2015
	\$702,990	04/01/2015 – 03/31/2016
	\$701,435	04/01/2016 – 03/31/2017
Rebekah Rehabilitation & Extended Care Center Inc*	\$387,029	01/01/2015 – 03/31/2015
	\$392,242	04/01/2015 – 03/31/2016
	\$510,122	04/01/2016 – 03/31/2017
Riverdale Nursing Home*	\$1,858,017	01/01/2015 – 03/31/2015
	\$1,883,045	04/01/2015 – 03/31/2016
	\$1,878,881	04/01/2016 – 03/31/2017
Rutland Nursing Home Co Inc.*	\$2,234,772	01/01/2015 – 03/31/2015
	\$2,264,875	04/01/2015 – 03/31/2016
	\$2,259,866	04/01/2016 – 03/31/2017
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$644,472	01/01/2015 – 03/31/2015
	\$653,154	04/01/2015 – 03/31/2016
	\$651,709	04/01/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.]

TN #20-0029

Approval Date

Supersedes TN #15-0030

Effective Date April 1, 2020

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

[Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Samaritan Keep Nursing Home Inc.	\$4,500,000	02/01/2014 – 03/31/2014
	\$4,500,000	04/01/2014 – 03/31/2015
	\$6,754,384	01/01/2017 – 03/31/2017
	\$6,716,384	04/01/2017 – 03/31/2018
Schaffer Extended Care System*	\$441,290	01/01/2015 – 03/31/2015
	\$447,234	04/01/2015 – 03/31/2016
	\$446,245	04/01/2016 – 03/31/2017
Schervier Nursing Care Center*	\$1,421,550	01/01/2015 – 03/31/2015
	\$1,440,698	04/01/2015 – 03/31/2016
	\$1,437,512	04/01/2016 – 03/31/2017
Schnurmacher Center for Rehabilitation and Nursing*	\$539,168	01/01/2015 – 03/31/2015
	\$546,431	04/01/2015 – 03/31/2016
	\$545,222	04/01/2016 – 03/31/2017
Schulman and Schachne Institute for Nursing and Rehabilitation*	\$1,852,978	01/01/2015 – 03/31/2015
	\$1,877,938	04/01/2015 – 03/31/2016
	\$1,873,785	04/01/2016 – 03/31/2017
Silvercrest*	\$1,293,304	01/01/2015 – 03/31/2015
	\$1,310,725	04/01/2015 – 03/31/2016
	\$1,307,827	04/01/2016 – 03/31/2017
St. Mary’s Hospital for Children Inc.*	\$1,777,136	01/01/2015 – 03/31/2015
	\$1,795,679	04/01/2015 – 03/31/2016
	\$1,792,470	04/01/2016 – 03/31/2017
St Vincent Depaul Residence*	\$417,641	01/01/2015 – 03/31/2015
	\$423,266	04/01/2015 – 03/31/2016
	\$422,330	04/01/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.]

TN #20-0029

Approval Date

Supersedes TN #17-0023

Effective Date April 1, 2020

Appendix I
2020 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

New York
47(aa)(5)

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Amsterdam Nursing Home Corp (Amsterdam House)*</u>	<u>\$1,430,938</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,450,213</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,447,006</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$847,377</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$847,377</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Baptist Nursing and Rehabilitation</u>	<u>\$935,000</u>	<u>10/01/2018 - 03/31/2019</u>
	<u>\$910,000</u>	<u>04/01/2019 - 03/31/2020</u>
	<u>\$347,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Beth Abraham Health Services*</u>	<u>\$2,460,249</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$2,493,389</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$2,487,874</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Bronx-Lebanon Special Care Center*</u>	<u>\$788,294</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$798,912</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$797,146</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$521,445</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$521,445</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

TN #20-0029
Supersedes TN #18-0062

Approval Date _____
Effective Date April 1, 2020

New York
47(aa)(5.1)

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Brooklyn United Methodist Church Home*</u>	<u>\$702,169</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$707,212</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$706,273</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$384,919</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$384,919</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Buena Vida Continuing Care & Rehab Ctr*</u>	<u>\$970,765</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$983,841</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$981,665</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$642,147</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$642,147</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Cabrini Center for Nursing*</u>	<u>\$1,130,860</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,146,093</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,143,558</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Carmel Richmond Healthcare and Rehabilitation Center*</u>	<u>\$1,084,185</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,098,790</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,096,359</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$632,161</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$632,161</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Center For Nursing & Rehabilitation Inc*</u>	<u>\$1,179,939</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,195,833</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,193,189</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$746,693</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$746,693</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Chapin Home for the Aqing*</u>	<u>\$771,403</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$781,794</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$780,065</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$487,868</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$487,868</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

TN #20-0029

Approval Date _____

Supersedes TN #NEW

Effective Date April 1, 2020

New York
47(aa)(6)**Nursing Homes (Continued):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Charles T. Sitrin Health Care Center Inc.</u>	<u>\$2,000,000</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$591,984</u>	<u>06/16/2016 – 03/31/2017</u>
	<u>\$25,817</u>	<u>04/01/2017 – 03/31/2018</u>
<u>Cobble Hill Health Center*</u>	<u>\$400,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$400,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Concord Nursing Home*</u>	<u>\$2,011,962</u>	<u>10/01/2018 – 03/31/2019</u>
	<u>\$2,011,962</u>	<u>04/01/2019 – 03/31/2020</u>
	<u>\$250,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$250,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Crouse Community Center</u>	<u>\$645,000</u>	<u>01/01/2014 – 03/31/2014</u>
	<u>\$710,000</u>	<u>04/01/2014 – 03/31/2015</u>
	<u>\$65,000</u>	<u>04/01/2015 – 03/31/2016</u>
<u>Eger Health Care and Rehabilitation Center*</u>	<u>\$1,463,808</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,483,526</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,480,245</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$968,289</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$968,289</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

New York
47(aa)(6.1)**Nursing Homes (Continued):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Elderwood at North Creek</u>	<u>\$2,434,828</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$1,129,788</u>	<u>04/01/2019 – 03/31/2020</u>
	<u>\$ 435,384</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Elizabeth Seton Pediatric Center*</u>	<u>\$927,714</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$940,211</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$938,131</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$613,670</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$613,670</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Ferncliff Nursing Home Co Inc.*</u>	<u>\$3,029,944</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,043,818</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,341,809</u>	<u>06/16/2016 – 03/31/2017</u>
	<u>\$1,041,509</u>	<u>10/01/2016 – 03/31/2017</u>
	<u>\$ 684,373</u>	<u>04/01/2017 – 03/31/2018</u>
	<u>\$ 18,529</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$681,294</u>	<u>04/01/2020 – 03/31/2021</u>
<u>\$681,294</u>	<u>04/01/2021 – 03/31/2022</u>	
<u>Field Home – Holy Comforter</u>	<u>\$534,500</u>	<u>04/01/2012 – 03/31/2013</u>
	<u>\$534,500</u>	<u>04/01/2013 – 03/31/2014</u>
<u>Good Samaritan Nursing Home*</u>	<u>\$371,698</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$371,698</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Gurwin Jewish Nursing and Rehabilitation Center*</u>	<u>\$1,778,009</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,801,960</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,797,975</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$1,110,754</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$1,110,754</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Hebrew Home for the Aged at Riverdale*</u>	<u>\$1,875,731</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$1,875,731</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

New York
47(aa)(6.2)**Nursing Homes (Continued):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Heritage Commons Residential Health Care</u>	<u>\$976,816</u>	<u>01/01/2014 – 03/31/2014</u>
	<u>\$834,744</u>	<u>04/01/2014 – 03/31/2015</u>
	<u>\$1,055,223</u>	<u>06/16/2016 – 03/31/2017</u>
<u>Isabella Geriatric Center Inc*</u>	<u>\$2,902,269</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$2,941,364</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$2,934,859</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$1,633,648</u>	<u>04/01/2020 – 03/31/2020</u>
	<u>\$1,633,648</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Island Nursing and Rehab Center*</u>	<u>\$903,195</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$909,966</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$908,716</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$495,250</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$495,250</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

**New York
47(aa)(7)**

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Island Nursing and Rehab</u>	<u>\$3,375,000</u>	<u>12/13/2019 – 03/31/2020</u>
	<u>\$4,200,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$4,275,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Jamaica Hospital Nursing Home Co Inc*</u>	<u>\$764,892</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$775,195</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$773,481</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$505,965</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$505,965</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Jefferson's Ferry*</u>	<u>\$324,023</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$324,023</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Jewish Home Lifecare Henry and Jeanette Weinberg Campus Bronx*</u>	<u>\$2,939,255</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$2,978,848</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$2,972,260</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Jewish Home LifeCare Manhattan*</u>	<u>\$1,947,662</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,973,898</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,969,532</u>	<u>04/01/2016 – 03/31/2017</u>

*Denotes provider is part of CINERGY Collaborative.

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New York
47(aa)(7.1)

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Jewish Home LifeCare Sarah Neuman Center*</u>	<u>\$1,169,410</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,185,162</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,182,541</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Lutheran Augustana Center for Extended Care & Rehab*</u>	<u>\$1,016,961</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,030,660</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,028,381</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Margaret Tietz Center For Nursing Care Inc*</u>	<u>\$700,877</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$710,318</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$708,747</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$463,620</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$463,620</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Mary Manning Walsh Nursing Home Co Inc*</u>	<u>\$1,453,160</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,472,735</u>	<u>04/01/2015 – 03-31-2016</u>
	<u>\$1,469,478</u>	<u>04/01/2016 – 03-31-2017</u>
	<u>\$861,601</u>	<u>04/01/2020 – 03-31-2021</u>
	<u>\$861,601</u>	<u>04/01/2021 – 03-31-2022</u>
<u>Menorah Home And Hospital For Rehabilitation and Nursing*</u>	<u>\$1,210,053</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,226,353</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,223,641</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$800,433</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$800,433</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Methodist Home for Nursing and Rehabilitation*</u>	<u>\$441,177</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$447,120</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$446,131</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$291,832</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$291,832</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

TN #20-0029

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Effective Date April 1, 2020

New York
47(aa)(8.1)

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Providence Rest*</u>	\$693,647	01/01/2015 – 03/31/2015
	\$702,990	04/01/2015 – 03/31/2016
	\$701,435	04/01/2016 – 03/31/2017
	\$458,838	04/01/2020 – 03/31/2021
	\$458,838	04/01/2021 – 03/31/2022
<u>Rebekah Rehabilitation & Extended Care Center Inc*</u>	\$387,029	01/01/2015 – 03/31/2015
	\$392,242	04/01/2015 – 03/31/2016
	\$510,122	04/01/2016 – 03/31/2017
	\$282,288	04/01/2020 – 03/31/2021
	\$282,288	04/01/2021 – 03/31/2022
<u>Riverdale Nursing Home*</u>	\$1,858,017	01/01/2015 – 03/31/2015
	\$1,883,045	04/01/2015 – 03/31/2016
	\$1,878,881	04/01/2016 – 03/31/2017
<u>Rutland Nursing Home Co Inc.*</u>	\$2,234,772	01/01/2015 – 03/31/2015
	\$2,264,875	04/01/2015 – 03/31/2016
	\$2,259,866	04/01/2016 – 03/31/2017
	\$1,289,994	04/01/2020 – 03/31/2021
	\$1,289,994	04/01/2021 – 03/31/2022
<u>Saints Joachim & Anne Nursing and Rehabilitation Center*</u>	\$644,472	01/01/2015 – 03/31/2015
	\$653,154	04/01/2015 – 03/31/2016
	\$651,709	04/01/2016 – 03/31/2017
	\$426,310	04/01/2020 – 03/31/2021
	\$426,310	04/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

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Effective Date April 1, 2020

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

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Samaritan Keep Nursing Home Inc.</u>	<u>\$4,500,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$4,500,000</u>	<u>04/01/2014 – 03/31/2015</u>
	<u>\$6,754,384</u>	<u>01/01/2017 – 03/31/2017</u>
	<u>\$6,716,384</u>	<u>04/01/2017 – 03/31/2018</u>
<u>Sarah Neuman Center for Healthcare*</u>	<u>\$773,173</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$773,173</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Schaffer Extended Care System*</u>	<u>\$441,290</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$447,234</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$446,245</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$291,907</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$291,907</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Schervier Nursing Care Center*</u>	<u>\$1,421,550</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,440,698</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,437,512</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Schnurmacher Center for Rehabilitation and Nursing*</u>	<u>\$539,168</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$546,431</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$545,222</u>	<u>04/01/2016 – 03/31/2017</u>

*Denotes provider is part of CINERGY Collaborative.

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**New York
47(aa)(9.1)**

Nursing Homes (Continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Schulman and Schachne Institute for Nursing and Rehabilitation*</u>	<u>\$1,852,978</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,877,938</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,873,785</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$1,225,719</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$1,225,719</u>	<u>04/01/2021 – 03/31/2022</u>
<u>Silvercrest*</u>	<u>\$1,293,304</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,310,725</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,307,827</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$833,785</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$833,785</u>	<u>04/01/2021 – 03/31/2022</u>
<u>St Cabrini Nursing Home*</u>	<u>\$748,048</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$748,048</u>	<u>04/01/2021 – 03/31/2022</u>
<u>St Johnland Nursing Center*</u>	<u>\$400,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$400,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>St. Mary's Hospital for Children Inc.*</u>	<u>\$1,777,136</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$1,795,679</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$1,792,470</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$1,053,645</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$1,053,645</u>	<u>04/01/2021 – 03/31/2022</u>
<u>St Vincent Depaul Residence*</u>	<u>\$417,641</u>	<u>01/01/2015 – 03/31/2015</u>
	<u>\$423,266</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$422,330</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$276,263</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$276,263</u>	<u>04/01/2021 – 03/31/2022</u>

*Denotes provider is part of CINERGY Collaborative.

TN #20-0029

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Supersedes TN #New

Effective Date April 1, 2020

**New York
47(aa)(10.1)**

Reserved

TN #20-0029

Approval Date _____

Supersedes TN #New

Effective Date April 1, 2020

Appendix II
2020 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #20-0029

This State Plan Amendment proposes to provide temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

Appendix III
2020 Title XIX State Plan
Second Quarter Amendment
Authorizing Provisions

Section 86-2.39 - Closures, mergers, acquisitions, consolidations and restructurings

86-2.39 Closures, mergers, acquisitions, consolidations and restructurings. (a) The commissioner may grant approval of a temporary adjustment to the non-capital components of rates calculated pursuant to this subpart for eligible residential health care facilities.

(b) Eligible facilities shall include:

- (1) facilities undergoing closure;
- (2) facilities impacted by the closure of other health care facilities;
- (3) facilities subject to mergers, acquisitions, consolidations or restructuring; or
- (4) facilities impacted by the merger, acquisition, consolidation or restructuring of other health care facilities.

(c) Facilities seeking rate adjustments under this section shall demonstrate through submission of a written proposal to the commissioner that the additional resources provided by a temporary rate adjustment will achieve one or more of the following:

- (1) protect or enhance access to care;
- (2) protect or enhance quality of care;
- (3) improve the cost effectiveness of the delivery of health care services; or
- (4) otherwise protect or enhance the health care delivery system, as determined by the commissioner.

(d) (1) Such written proposal shall be submitted to the commissioner at least sixty days prior to the requested effective date of the temporary rate adjustment and shall include a proposed budget to achieve the goals of the proposal. Any temporary rate adjustment issued pursuant to this section shall be in effect for a specified period of time as determined by the commissioner, of up to three years. At the end of the specified timeframe, the facility shall be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in applicable statutes and this Subpart. The commissioner may establish, as a condition of receiving such a temporary rate adjustment, benchmarks and goals to be achieved in conformity with the facility's written proposal as approved by the commissioner and may also require that the facility submit such periodic reports concerning the achievement of such benchmarks and goals as the commissioner deems necessary. Failure to achieve satisfactory progress, as determined by the commissioner, in accomplishing such benchmarks and goals shall be a basis for ending the facility's temporary rate adjustment prior to the end of the specified timeframe.

(2) The commissioner may require that applications submitted pursuant to this section be submitted in response to and in accordance with a Request For Applications or a Request For Proposals issued by the commissioner.

Effective Date:

Tuesday, July 3, 2012

Doc Status:

Complete

Appendix IV
2020 Title XIX State Plan
Second Quarter Amendment
Public Notice

cally set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

For state fiscal year beginning April 1, 2020 through March 31, 2021, continues upon the election of the social services district in which an eligible diagnostic and treatment center (DTC) is physically located, up to \$12.6 million in additional annual Medicaid payments may be paid to public DTCs operated by the New York City Health and Hospitals Corporation. Such payments will be based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible DTCs.

For state fiscal year beginning April 1, 2020 through March 31, 2021, continues up to \$5.4 million in additional annual Medicaid payments may be paid to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

Institutional Services

Effective on or after April 1, 2020, the temporary rate adjustment has been reviewed and approved for the St. Joseph's Hospital Health Center with aggregate payment amounts totaling up to \$4,000,000 for the period April 1, 2020 through March 31, 2021.

Effective on or after April 1, 2020, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

For state fiscal year beginning April 1, 2020 through March 31, 2021, continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

For state fiscal year beginning April 1, 2020 through March 31, 2021, supplemental payments will be made to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

Effective on or after April 1, 2020, the temporary rate adjustment has been reviewed and approved for Long Island Jewish Medical Center with aggregate payment amounts totaling up to \$1,000,000 for the period April 1, 2020 through March 31, 2021.

Long Term Care Services

Effective on or after April 1, 2020, continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2018 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

Effective on or after April 1, 2020, the Department of Health

proposes to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020-2021 is \$30 million.

Effective on or after April 1, 2020, the Department of Health (DOH) will continue the nursing home advanced training program, aimed at teaching staff how to detect early changes in a resident's physical and mental or functional status that could lead to hospitalization. Clinical findings show early detection of patient decline by front line workers, coupled with clinical care models aimed at fostering consistent and continuous care between care givers and patients/families result in better care outcomes. Similarly, nursing homes with higher staff retention rates correlate with better care outcomes and avoided hospital stays. This training program will be developed in cooperation between Nursing Home providers and union representatives offering training opportunities for staff or other qualifying training programs.

These programs and their curricula will be submitted to DOH for review. In addition to offering a training program, eligible facilities must have direct care staff retention rates above the state median. However, hospital-based nursing homes and free standing nursing homes already receiving VAP payments would not be eligible to participate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is \$46 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

Appendix V
2020 Title XIX State Plan
Second Quarter Amendment
Responses to Standard Funding Questions

APPENDIX V
LONG TERM CARE SERVICES
State Plan Amendment #20-0029

CMS Standard Funding Questions (NIRT Standard Funding Questions)

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-D of the state plan.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)**

Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
- (i) a complete list of the names of entities transferring or certifying funds;**
 - (ii) the operational nature of the entity (state, county, city, other);**
 - (iii) the total amounts transferred or certified by each entity;**
 - (iv) clarify whether the certifying or transferring entity has general taxing authority; and,**
 - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

Response: Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriation is the Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources. There have been no new provider taxes and no existing taxes have been modified.

- 3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for**

each type of supplemental or enhanced payment made to each provider type.

Response: The payments authorized for this provision are not supplemental or enhanced payments.

- 4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

Response: The state and CMS are working toward completing and approval of current year UPL.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response: Effective January 1, 2012, the rate methodology included in the approved State Plan for non-specialty nursing facility services for the operating component of the rate is a blended statewide/peer group price adjusted for case mix and wage equalization factor (WEF). Specialty nursing facility and units are paid the operating rate in effect on January 1, 2009. The capital component of the rate for all specialty and non-specialty facilities is based upon a cost based methodology. We are unaware of any requirement under current federal law or regulation that limits individual provider payments to their actual costs.

ACA Assurances:

- 1. Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

MOE Period.

- **Begins on: March 10, 2010, and**
- **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State**

under the provisions of section 1311 of the Affordable Care Act is fully operational.

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [] violate these provisions, if they remained in effect on or after January 1, 2015.

- 3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

Response: The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP.

Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with the original submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.