

## **Table of Contents**

**State/Territory Name:** NEW YORK

**State Plan Amendment (SPA) #:** 14-0040

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

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DMCHO: SA

October 27, 2016


Jason Helgerson  
Deputy Commissioner  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

Dear Deputy Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #14-0040 has been approved for adoption into the State Medicaid Plan with an effective date of November 1, 2014. This SPA modifies the listing of hospital-based outpatient providers approved to receive temporary rate adjustments.

I have enclosed copies of the approved SPA #14-0040 materials. If you have any questions or wish to discuss, please contact Stephen Abbott at (518) 396-3810 Ext. 113 or John Guhl at (212) 616-2438.

Sincerely,

  
Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: JUlberg  
RDeyette  
RWeaver  
LTavener  
JGuhl  
SJew  
SAbbott  
MLopez

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**14-0040**

2. STATE  
**New York**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**November 1, 2014**

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: (in thousands)  
a. FFY 11/01/14-09/30/15 **S 2,500.00**  
b. FFY 10/01/15-09/30/16 **S 0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B Pages: 1(q)(ii); 1(q)(iii)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

**Attachment 4.19-B Pages: 1(q)(ii)**

10. SUBJECT OF AMENDMENT:  
**Safety Net/VAP – Hospital Outpatient CAHs  
(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 SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Jason A. Helgeson**

14. TITLE: **Medicaid Director  
Department of Health**

15. DATE SUBMITTED:

**DEC 30 2014**

16. RETURN TO:

**New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Ave – One Commerce Plaza  
Suite 1460  
Albany, NY 12210**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:  
**OCTOBER 27, 2016**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**NOVEMBER 01, 2014**

21. TYPED NAME:

**MICHAEL MELENDEZ**

20. SIGNATURE OF REGIONAL OFFICIAL:

**[REDACTED]**  
22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH  
OPERATIONS**

23. REMARKS:

New York  
1(q)(ii)

## Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Carthage Area Hospital	\$325,000	11/01/2014 – 03/31/2015
Catskill Regional Medical Center – Hermann Division	\$275,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Clifton-Fine Hospital	\$350,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
Community Memorial Hospital	\$240,000	11/01/2014 – 03/31/2015
Cuba Memorial Hospital	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
Delaware Valley Hospital, Inc.	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Elizabethtown Community Hospital	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Ellenville Regional Hospital	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Gouverneur Hospital, Inc.	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Lewis County General Hospital	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
Little Falls Hospital	\$342,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Margaretville Memorial Hospital	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
Moses Ludington Hospital	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015

TN #14-0040Approval Date OCTOBER 27, 2016Supersedes TN #14-0013Effective Date NOVEMBER 01, 2014

New York  
1(q)(iii)

**Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):**

O'Connor Hospital	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
River Hospital	\$482,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
Schuyler Hospital	\$453,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
Soldiers & Sailors Memorial Hospital	\$220,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015

TN #14-0040

Approval Date OCTOBER 27, 2016

Supersedes TN NEW

Effective Date NOVEMBER 01, 2014