

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 21-0022**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

August 10, 2021

Donna Frescatore  
Medicaid Director  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210

RE: TN 21-0022

Dear Ms. Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2021. This SPA authorizes temporary rate adjustments for the outpatient services for specific critical access hospitals.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2021. 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 Tamara Sampson at 214-767-6431 or [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 2

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, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE 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 04/01/21-09/30/21 \$ 1,875.50b. FFY 10/01/21-09/30/22 \$ 3,751.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: Pages 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 1(q)(iv)(2), 1(q)(iv)(3)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B: Pages 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 1(q)(iv)(2)

10. SUBJECT OF AMENDMENT

Critical Access Hospital (CAH)-OP  
(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. OFFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

June 29, 2021

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 June 29, 2021

18. DATE APPROVED

August 10, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

**New York  
1(q)(ii)**

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

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	<u>\$372,500</u>	<u>07/01/2019 – 3/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Carthage Area Hospital</u>	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 - 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$275,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Clifton-Fine Hospital</u>	<u>\$350,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>

TN #21-0022Approval Date August 10, 2021Supersedes TN #19-0050Effective Date April 1, 2021

**New York  
1(q)(iii)**

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

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Community Memorial Hospital</u>	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Cuba Memorial Hospital</u>	<u>\$315,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$445,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$550,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$550,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Delaware Valley Hospital</u>	<u>\$246,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>

**TN** #21-0022

**Supersedes TN** #19-0050

**Approval Date** August 10, 2021

**Effective Date** April 1, 2021

**New York  
1(q)(iv)**

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

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Elizabethtown Community Hospital</u>	<u>\$410,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Ellenville Regional Hospital</u>	<u>\$384,800</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Gouverneur Hospital, Inc.</u>	<u>\$300,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>

TN #21-0022Approval Date August 10, 2021Supersedes TN #19-0050Effective Date April 1, 2021 -

**New York  
1(q)(iv)(1)**

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

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Lewis County General Hospital</u>	<u>\$370,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Little Falls Hospital</u>	<u>\$342,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Margaretville Memorial Hospital</u>	<u>\$128,600</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>

TN #21-0022Approval Date August 10, 2021Supersedes TN #19-0050Effective Date April 1, 2021



**New York  
1(q)(iv)(2)**

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

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Medina Memorial Hospital</u>	<u>\$480,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$480,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$432,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$432,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$432,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$432,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$432,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$432,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Moses Ludington Hospital</u>	<u>\$359,800</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$390,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$390,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>O'Connor Hospital</u>	<u>\$363,800</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>River Hospital</u>	<u>\$482,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$445,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$550,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$550,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>

TN #21-0022Approval Date August 10, 2021Supersedes TN #19-0050Effective Date April 1, 2021



New York  
1(q)(iv)(3)

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

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Schuyler Hospital</u>	<u>\$453,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$462,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$462,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$462,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$462,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$462,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$462,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Soldiers &amp; Sailors Memorial Hospital</u>	<u>\$220,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$390,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$390,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>

TN #21-0022Approval Date August 10, 2021Supersedes TN #NEWEffective Date April 1, 2021