

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services (CMCS)

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Empire State Plaza
Corning Tower (OCP - 1211)
Albany, NY 12237

SEP 26 2012

RE: TN 12-20

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-20. Effective July 1, 2012 this amendment proposes that the capital cost component of the rate for eligible residential health care facilities shall be adjusted to reflect Medicaid's share of the costs of the annual debt service related to the financing of an automatic sprinkler system that will be in compliance with new federal regulations.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13)(A), 1902(a)(30) and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. This is to inform you that New York (TN) 12-20 is approved effective July 1, 2012. The CMS-179 and the approved plan pages are enclosed.

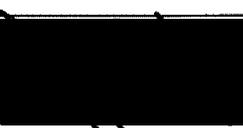
If you have any questions, please contact Tom Brady at 518-396-3810.

Sincerely,

A black rectangular box redacts the signature of Cindy Mann.

Cindy Mann
Director, CMCS

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-20	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 July 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 10/01/11 – 09/30/12 \$2,125,000 b. FFY 10/01/12 – 09/30/13 \$8,500,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Pages 88(e) and 88(f)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Nursing Home Sprinklers (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: 	13. TYPE: Agency Official	16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: JUN 28 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 26 2012	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL -1 2012		20. SIGNATURE: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, CMCS	
23. REMARKS:			

**New York
88(f)**

**Attachment 4.19-D
Part I**

- 3) Submit to the Commissioner, for review and approval, a schedule setting forth by month the estimated debt service payable over the life of the financing. Such schedule will be provided to the Commissioner at least 60 days prior to the due date of the first debt service payment (or such shorter timeframe as the Commissioner may authorize).

- 4) Deposit into a separate account maintained by the facility, Medicaid revenues attributable to the capital rate adjustments for such sprinklers and any other additional facility revenues needed to cover the scheduled debt service payments attributable to such sprinklers. All such deposits in such account may only be used solely for the purpose of satisfying such debt service payments.

TN #12-20 Approval Date SEP 26 2012
Supersedes TN NEW Effective Date JUL -1 2012