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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **13-67**

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



APR 25 2014

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

RE: State Plan Amendment (SPA) TN 13-67

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 13-67. Effective January 1, 2014 this amendment modified and extends Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to the North East Center for Special Care nursing facility through March 31, 2016.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This is to inform you that New York 13-67 is approved effective January 1, 2014 and have enclosed the CMS-179 and approved plan page.

If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-67	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 January 1, 2014	
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 01/01/14-09/30/14 \$ 3,265,629 b. FFY 10/01/14-09/30/15 \$ 1,460,480	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Pages 47(aa)(4)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D: Pages 47(aa)(4)	
10. SUBJECT OF AMENDMENT: NH Safety Net Revisions (Northeast) (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 OF AGENCY OFFICIAL:		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: JASON A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: April 1, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APR 25 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2014		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Finance/M/ORS	
23. REMARKS:			

**New York
47(aa)(4)**

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Nursing Homes

A temporary rate adjustment will be provided to eligible residential health care providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible residential health care providers, the [annual] amount of the temporary rate adjustment, and the duration of [the] each rate adjustment period shall be listed in the table which follows. The total [annual] adjustment amount for each period shown below will be paid quarterly during each period in equal installments [with the amount of each quarterly payment being equal to one fourth of the total annual amount established for each provider]. The [quarterly] temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary rate adjustments have been approved for the following providers in the amounts and for the effective periods listed.

Nursing Homes:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Field Home - Holy Comforter	\$534,500	04/01/2012 - 03/31/2013
	\$534,500	04/01/2013 - 03/31/2014
Northeast Center for Special Care	\$5,597,952	04/01/2012 – [3-31/2013] 03/31/2013
	[\$5,181,184] \$3,885,888	04/01/2013 – [3/31/2014] 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

TN #13-67

Approval Date APR 25 2014

Supersedes TN #11-25

Effective Date JAN 01 2014