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State/Territory Name: New York

State Plan Amendment (SPA) #: 19-0055

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

February 6, 2020

Ms. Donna Frescatore
State Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

RE: State Plan Amendment (SPA) TN 19-0055

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 19-0055. Effective December 13, 2019 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to Island Nursing and Rehabilitation Center.

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 letter is to inform you that New York 19-0055 is approved effective December 13, 2019. The CMS-179 and approved plan page are enclosed.

If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center; font-family: monospace; font-size: 1.2em;">1 9 — 0 0 5 5</div>	2. STATE <div style="text-align: center; font-family: monospace; font-size: 1.2em;">New York</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-family: monospace; font-size: 1.2em;">December 13, 2019</div>	
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 a. FFY 12/13/19-09/30/20 \$ 2,737.50 b. FFY 10/01/20-09/30/21 \$ 2,118.75	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D: Page 47(aa)(7)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 4.19-D: Page 47(aa)(7)	
10. SUBJECT OF AMENDMENT Safety Net/VAP - Island Rehabilitation and Nursing Center (FMAP=50%)			
11. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input type="checkbox"/> OTHER, AS SPECIFIED </div> </div>			
12. SIGNATURE OF STATE AGENCY OF HEALTH <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		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	
13. TYPED NAME Donna Frescatore		17. DATE RECEIVED	
14. TITLE Medicaid Director, Department of Health		18. DATE APPROVED <div style="text-align: center; font-family: monospace; font-size: 1.2em;">February 6, 2020</div>	
15. DATE SUBMITTED December 27, 2019		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL December 13, 2019		20. SIGNATURE OF REGIONAL OFFICIAL <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	
21. TYPED NAME Kristin Fan		22. TITLE Director, FMG	
23. REMARKS			

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 #19-0055Approval Date February 6, 2020Supersedes TN #15-0030Effective Date December 13, 2019