# **Table of Contents**

# State/Territory Name: New York

# State Plan Amendment (SPA) #: 20-0029MA

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



#### **Financial Management Group**

August 28, 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 20-0029MA

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 20-0029MA. Effective April 1, 2020 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to nursing home facilities.

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 20-0029MA is approved effective April 1, 2020. The CMS-179 and approved plan pages are enclosed.

If you have any questions, please contact Charlene Holzbaur at 609-882-4796.

Sincerely,

For Karen Shields Acting Director

Enclosures

| TRANSMITTAL AND NOTICE OF APPROVAL OF<br>STATE PLAN MATERIAL                                                                                                                                                   | 1. TRANSMITTAL NUMBER MA<br><u>2</u> 0 — 0 0 2 9 New York                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES                                                                                                                                                                  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL<br>SECURITY ACT (MEDICAID)<br>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |  |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                              | 4. PROPOSED EFFECTIVE DATE<br>April 1, 2020                                                                                      |  |
| 5. TYPE OF PLAN MATERIAL (Check One)                                                                                                                                                                           |                                                                                                                                  |  |
|                                                                                                                                                                                                                | IDERED AS NEW PLAN                                                                                                               |  |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME                                                                                                                                                                    | NDMENT (Separate transmittal for each amendment)                                                                                 |  |
| 6. FEDERAL STATUTE/REGULATION CITATION                                                                                                                                                                         | 7. FEDERAL BUDGET IMPACT<br>a. FFY 04/01/20-09/30/20 \$ 7,500,000.00                                                             |  |
| §1902(r)(5) of the Social Security Act, and 42 CFR 447                                                                                                                                                         | a. FFY 04/01/20-09/30/20     \$ 7,500,000.00       b. FFY 10/01/20-09/30/21     \$ 15,000,000.00                                 |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT                                                                                                                                                               | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT (If Applicable)                                                   |  |
| Attachment: 4.19-D Page(s): 47(aa)(5), 47(aa)(5.1), 47(aa)(6), 47(aa)(6.1), 47(aa)<br>(6.2), 47(aa)(7), 47(aa)(7.1), 47(aa)(8), 47(aa)(8.1), 47(aa)(9), 47(aa)(9.1), 47(aa)<br>(10), 47(aa)(10.1)<br>47(aa)(4) |                                                                                                                                  |  |
| 10. SUBJECT OF AMENDMENT                                                                                                                                                                                       |                                                                                                                                  |  |
| CINERGY<br>(FMAP=50%)                                                                                                                                                                                          |                                                                                                                                  |  |
| 11. GOVERNOR'S REVIEW (Check One)                                                                                                                                                                              |                                                                                                                                  |  |
| <ul> <li>GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>                                               | OTHER, AS SPECIFIED                                                                                                              |  |
|                                                                                                                                                                                                                | 16. RETURN TO<br>New York State Department of Health                                                                             |  |
| 13. TYPED NAME                                                                                                                                                                                                 | Division of Finance and Rate Setting<br>99 Washington Ave – One Commerce Plaza                                                   |  |
| Donna Frescatore                                                                                                                                                                                               | Suite 1432                                                                                                                       |  |
| Medicaid Director, Department of Health                                                                                                                                                                        | Albany, NY 12210                                                                                                                 |  |
| 15. DATE SUBMITTED June 30, 2020                                                                                                                                                                               |                                                                                                                                  |  |
| FOR REGIONAL OFFICE USE ONLY                                                                                                                                                                                   |                                                                                                                                  |  |
| 17. DATE RECEIVED<br>June 30,2020                                                                                                                                                                              | 18. DATE APPROVED<br>8/28/20                                                                                                     |  |
| PLAN APPROVED - OF                                                                                                                                                                                             | NE COPY ATTACHED                                                                                                                 |  |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL                                                                                                                                                                        | 20. SIGNATURE OF REGIONAL OFFICIAL                                                                                               |  |
| April 1, 2020                                                                                                                                                                                                  |                                                                                                                                  |  |
| 21. TYPED NAME<br>Karen Shields                                                                                                                                                                                | 22. TITLE<br>Acting Director, FMG                                                                                                |  |
| 23. REMARKS                                                                                                                                                                                                    |                                                                                                                                  |  |
| State requested pen and ink change to Box 1 to 20-002<br>and pen and ink changes to Boxes 8 and 9 to inc                                                                                                       |                                                                                                                                  |  |

#### 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] <u>may be</u> 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 amount of the temporary rate adjustment, and the duration of each rate adjustment period shall be listed in the table which follows. The total adjustment amount for each period shown below will be paid quarterly during each period in equal installments. The 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.

| Provider Name                       | Gross Medicaid Rate<br>Adjustment | Rate Period Effective   |
|-------------------------------------|-----------------------------------|-------------------------|
| Adiyondool: Madical Conton Mayor    | \$6,694                           | 01/01/2014 - 03/31/2014 |
| Adirondack Medical Center - Mercy   | \$723,872                         | 04/01/2014 - 03/31/2015 |
| Living Center                       | \$918,544                         | 06/16/2016 - 03/31/2017 |
|                                     |                                   |                         |
|                                     | \$2,273,884                       | 01/01/2014 - 03/31/2014 |
| Adirondack Medical Center - Uihlein | \$2,359,369                       | 04/01/2014 - 03/31/2015 |
| Living Center                       | \$821,793                         | 04/01/2015 - 03/31/2016 |
| -                                   | \$1,274,864                       | 06/16/2016 - 03/31/2017 |
|                                     |                                   |                         |
| Adirondack Tri-County Nursing &     | \$225,680                         | 01/01/2014 - 03/31/2014 |
| Rehabilitation Center, Inc.         | \$1,369,690                       | 04/01/2014 - 03/31/2015 |
|                                     | \$1,049,423                       | 06/16/2016 - 03/31/2017 |

#### Nursing Homes:

| TN <u>#20-0029-MA</u>         | Approval Date <u>8/28/20</u>        |
|-------------------------------|-------------------------------------|
| Supersedes TN <u>#16-0027</u> | Effective Date <u>April 1, 2020</u> |

# New York 47(aa)(5)

## Nursing Homes (Continued):

| Provider Name                           | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|-----------------------------------------|-------------------------------------------------|--------------------------------|
|                                         | <u>\$1,430,938</u>                              | <u>01/01/2015 – 03/31/2015</u> |
| Amsterdam Nursing Home Corp             | <u>\$1,450,213</u>                              | <u>04/01/2015 – 03/31/2016</u> |
| <u>(Amsterdam House)*</u>               | <u>\$1,447,006</u>                              | <u>04/01/2016 – 03/31/2017</u> |
|                                         | <u>\$847,377</u>                                | <u>04/01/2020 – 03/31/2021</u> |
|                                         | <u>\$847,377</u>                                | <u>04/01/2021 – 03/31/2022</u> |
|                                         |                                                 |                                |
|                                         | <u>\$935,000</u>                                | <u>10/01/2018 - 03/31/2019</u> |
| Baptist Nursing and Rehabilitation      | <u>\$910,000</u>                                | <u>04/01/2019 - 03/31/2020</u> |
|                                         | <u>\$347,500</u>                                | <u>04/01/2020 – 03/31/2021</u> |
|                                         |                                                 |                                |
|                                         | <u>\$2,460,249</u>                              | <u>01/01/2015 – 03/31/2015</u> |
| Beth Abraham Health Services*           | <u>\$2,493,389</u>                              | <u>04/01/2015 – 03/31/2016</u> |
|                                         | <u>\$2,487,874</u>                              | <u>04/01/2016 – 03/31/2017</u> |
|                                         |                                                 |                                |
|                                         | <u>\$788,294</u>                                | <u>01/01/2015 – 03/31/2015</u> |
|                                         | <u>\$798,912</u>                                | <u>04/01/2015 – 03/31/2016</u> |
| Bronx-Lebanon Special Care Center*      | <u>\$797,146</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                         | <u>\$521,445</u>                                | <u>04/01/2020 – 03/31/2021</u> |
|                                         | <u>\$521,445</u>                                | <u>04/01/2021 – 03/31/2022</u> |
| *Denotes provider is part of CINEDCV Co |                                                 |                                |

\*Denotes provider is part of CINERGY Collaborative.

TN <u>#20-0029-MA</u>

Approval Date 8/28/20 Effective Date April 1, 2020

Supersedes TN <u>#18-0062</u>

# New York 47(aa)(5.1)

## Nursing Homes (Continued):

| Provider Name                             | Gross Medicaid Rate | Rate Period Effective          |
|-------------------------------------------|---------------------|--------------------------------|
| <u>Provider Name</u>                      | <u>Adjustment</u>   | Rate Period Effective          |
| Bus alders Units of Matheadist Chausels   | <u>\$702,169</u>    | <u>01/01/2015 - 03/31/2015</u> |
|                                           | <u>\$707,212</u>    | <u>04/01/2015 - 03/31/2016</u> |
| Brooklyn United Methodist Church<br>Home* | <u>\$706,273</u>    | <u>04/01/2016 - 03/31/2017</u> |
| <u>nome</u>                               | <u>\$384,919</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                           | <u>\$384,919</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                           |                     |                                |
|                                           | <u>\$970,765</u>    | <u>01/01/2015 - 03/31/2015</u> |
| Buena Vida Continuing Care & Rehab        | <u>\$983,841</u>    | <u>04/01/2015 - 03/31/2016</u> |
| <u>Ctr*</u>                               | <u>\$981,665</u>    | <u>04/01/2016 - 03/31/2017</u> |
|                                           | <u>\$642,147</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                           | <u>\$642,147</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                           |                     |                                |
|                                           | <u>\$1,130,860</u>  | <u>01/01/2015 - 03/31/2015</u> |
| Cabrini Center for Nursing*               | <u>\$1,146,093</u>  | <u>04/01/2015 - 03/31/2016</u> |
|                                           | <u>\$1,143,558</u>  | 04/01/2016 - 03/31/2017        |
|                                           |                     |                                |
|                                           | <u>\$1,084,185</u>  | <u>01/01/2015 - 03/31/2015</u> |
| Conneal Diskussend Llooltheory and        | <u>\$1,098,790</u>  | <u>04/01/2015 - 03/31/2016</u> |
| Carmel Richmond Healthcare and            | <u>\$1,096,359</u>  | <u>04/01/2016 - 03/31/2017</u> |
| Rehabilitation Center*                    | <u>\$632,161</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                           | <u>\$632,161</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                           |                     |                                |
|                                           | <u>\$1,179,939</u>  | <u>01/01/2015 - 03/31/2015</u> |
|                                           | <u>\$1,195,833</u>  | <u>04/01/2015 - 03/31/2016</u> |
| Center For Nursing & Rehabilitation       | <u>\$1,193,189</u>  | <u>04/01/2016 - 03/31/2017</u> |
| Inc*                                      | <u>\$746,693</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                           | <u>\$746,693</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                           |                     |                                |
| Chapin Home for the Aging*                | <u>\$771,403</u>    | <u>01/01/2015 – 03/31/2015</u> |
|                                           | <u>\$781,794</u>    | 04/01/2015 - 03/31/2016        |
|                                           | <u>\$780,065</u>    | <u>04/01/2016 - 03/31/2017</u> |
|                                           | <u>\$487,868</u>    | <u>04/01/2020 – 03/31/2021</u> |
|                                           | \$487,868           | <u>04/01/2021 - 03/31/2022</u> |
|                                           |                     |                                |

\*Denotes provider is part of CINERGY Collaborative.

| TN | #20-0029-MA |
|----|-------------|
|    |             |

Supersedes TN <u>#NEW</u>

Approval Date 8/28/20 Effective Date April 1, 2020

## New York 47(aa)(6)

# Nursing Homes (Continued):

| Provider Name                        | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|--------------------------------------|-------------------------------------------------|--------------------------------|
| Charles T. Sitrin Health Care Center | <u>\$2,000,000</u>                              | <u>01/01/2015 – 03/31/2015</u> |
| Inc.                                 | <u>\$591,984</u>                                | <u>06/16/2016 - 03/31/2017</u> |
|                                      | <u>\$25,817</u>                                 | <u>04/01/2017 – 03/31/2018</u> |
|                                      |                                                 |                                |
| Cobble Hill Health Center*           | <u>\$400,000</u>                                | <u>04/01/2020 – 03/31/2021</u> |
|                                      | <u>\$400,000</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                      |                                                 |                                |
|                                      | <u>\$2,011,962</u>                              | <u>10/01/2018 - 03/31/2019</u> |
| Concord Nursing Home*                | <u>\$2,011,962</u>                              | <u>04/01/2019 - 03/31/2020</u> |
|                                      | <u>\$250,000</u>                                | <u>04/01/2020 – 03/31/2021</u> |
|                                      | <u>\$250,000</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                      |                                                 |                                |
|                                      | <u>\$645,000</u>                                | <u>01/01/2014 - 03/31/2014</u> |
| Crouse Community Center              | <u>\$710,000</u>                                | <u>04/01/2014 - 03/31/2015</u> |
|                                      | <u>\$65,000</u>                                 | <u>04/01/2015 - 03/31/2016</u> |
|                                      |                                                 |                                |
|                                      | <u>\$1,463,808</u>                              | <u>01/01/2015 – 03/31/2015</u> |
| Eger Health Care and Rehabilitation  | <u>\$1,483,526</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| <u>Center*</u>                       | <u>\$1,480,245</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                      | <u>\$968,289</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                      | <u>\$968,289</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                      |                                                 |                                |

| TN  | #20-0029-MA |          |
|-----|-------------|----------|
| Sup | ersedes TN  | #18-0062 |

| Approval Date _ | 8/28/20       |
|-----------------|---------------|
|                 | April 1, 2020 |

## New York 47(aa)(6.1)

# Nursing Homes (Continued):

|                                   | Gross Medicaid Rate |                                |
|-----------------------------------|---------------------|--------------------------------|
| Provider Name                     | Adjustment          | Rate Period Effective          |
|                                   | <u>\$2,434,828</u>  | <u>04/01/2018 - 03/31/2019</u> |
| Elderwood at North Creek          | <u>\$1,129,788</u>  | <u>04/01/2019 - 03/31/2020</u> |
|                                   | <u>\$ 435,384</u>   | <u>04/01/2020 - 03/31/2021</u> |
|                                   |                     |                                |
| Elizabeth Seton Pediatric Center* | <u>\$927,714</u>    | <u>01/01/2015 - 03/31/2015</u> |
|                                   | <u>\$940,211</u>    | <u>04/01/2015 - 03/31/2016</u> |
|                                   | <u>\$938,131</u>    | <u>04/01/2016 - 03/31/2017</u> |
|                                   | <u>\$613,670</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                   | <u>\$613,670</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                   |                     |                                |
|                                   | <u>\$3,029,944</u>  | <u>01/01/2015 - 03/31/2015</u> |
|                                   | <u>\$1,043,818</u>  | <u>04/01/2015 - 03/31/2016</u> |
|                                   | <u>\$1,341,809</u>  | <u>06/16/2016 - 03/31/2017</u> |
| Ferncliff Nursing Home Co Inc.*   | <u>\$1,041,509</u>  | <u>10/01/2016 - 03/31/2017</u> |
| Fericin Nursing Home Co Inc.      | <u>\$ 684,373</u>   | <u>04/01/2017 - 03/31/2018</u> |
|                                   | <u>\$ 18,529</u>    | <u>04/01/2018 - 03/31/2019</u> |
|                                   | <u>\$681,294</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                   | <u>\$681,294</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                   |                     |                                |
| Field Home – Holy Comforter       | <u>\$534,500</u>    | <u>04/01/2012 - 03/31/2013</u> |
|                                   | <u>\$534,500</u>    | <u>04/01/2013 - 03/31/2014</u> |
|                                   |                     |                                |
| Good Samaritan Nursing Home*      | <u>\$371,698</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                   | <u>\$371,698</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                   |                     |                                |
|                                   | <u>\$1,778,009</u>  | <u>01/01/2015 – 03/31/2015</u> |
| Gurwin Jewish Nursing and         | <u>\$1,801,960</u>  | <u>04/01/2015 - 03/31/2016</u> |
| Rehabilitation Center*            | <u>\$1,797,975</u>  | <u>04/01/2016 - 03/31/2017</u> |
| Kenabilitation Center             | <u>\$1,110,754</u>  | <u>04/01/2020 - 03/31/2021</u> |
|                                   | <u>\$1,110,754</u>  | <u>04/01/2021 – 03/31/2022</u> |
|                                   |                     |                                |
| Hebrew Home for the Aged at       | <u>\$1,875,731</u>  | <u>04/01/2020 – 03/31/2021</u> |
| <u>Riverdale*</u>                 | <u>\$1,875,731</u>  | <u>04/01/2021 – 03/31/2022</u> |
|                                   |                     |                                |

| TN  | #20-00     | )29-MA |
|-----|------------|--------|
| Sup | ersedes TN | NEW    |

| Approval Date  | 8/28/20              |  |
|----------------|----------------------|--|
| Effective Date | <u>April 1, 2020</u> |  |

## New York 47(aa)(6.2)

# Nursing Homes (Continued):

| Provider Name                       | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|-------------------------------------|-------------------------------------------------|--------------------------------|
| Haritaga Commons Desidential Health | <u>\$976,816</u>                                | <u>01/01/2014 - 03/31/2014</u> |
| Heritage Commons Residential Health | <u>\$834,744</u>                                | <u>04/01/2014 - 03/31/2015</u> |
| Care                                | <u>\$1,055,223</u>                              | <u>06/16/2016 - 03/31/2017</u> |
|                                     |                                                 |                                |
|                                     | <u>\$2,902,269</u>                              | <u>01/01/2015 – 03/31/2015</u> |
|                                     | <u>\$2,941,364</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| Isabella Geriatric Center Inc*      | <u>\$2,934,859</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                     | \$1,633,648                                     | 04/01/2020 - 03/31/2020        |
|                                     | <u>\$1,633,648</u>                              | <u>04/01/2021 - 03/31/2022</u> |
|                                     |                                                 |                                |
|                                     | <u>\$903,195</u>                                | 01/01/2015 - 03/31/2015        |
|                                     | <u>\$909,966</u>                                | <u>04/01/2015 - 03/31/2016</u> |
| Island Nursing and Rehab Center*    | <u>\$908,716</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                     | <u>\$495,250</u>                                | 04/01/2020 - 03/31/2021        |
|                                     | \$495,250                                       | 04/01/2021 - 03/31/2022        |
|                                     |                                                 |                                |

| TΝ  | #20-0029-MA |     |
|-----|-------------|-----|
| Sup | ersedes TN  | NEW |

| Approval Date  | 8/28/20 |
|----------------|---------|
| Effective Date |         |

#### New York 47(aa)(7)

## Nursing Homes (Continued):

| Provider Name                    | <u>Gross Medicaid Rate</u><br>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        |
|                                  | <u>\$4,275,000</u>                       | <u>04/01/2021 - 03/31/2022</u> |
|                                  |                                          |                                |
| Jamaica Hospital Nursing Home Co | <u>\$764,892</u>                         | <u>01/01/2015 – 03/31/2015</u> |
| Inc*                             | <u>\$775,195</u>                         | <u>04/01/2015 - 03/31/2016</u> |
|                                  | <u>\$773,481</u>                         | <u>04/01/2016 - 03/31/2017</u> |
|                                  | <u>\$505,965</u>                         | <u>04/01/2020 - 03/31/2021</u> |
|                                  | <u>\$505,965</u>                         | <u>04/01/2021 - 03/31/2022</u> |
|                                  |                                          |                                |
| Jefferson's Ferry*               | <u>\$324,023</u>                         | <u>04/01/2020 - 03/31/2021</u> |
|                                  | <u>\$324,023</u>                         | <u>04/01/2021- 03/31/2022</u>  |
|                                  |                                          |                                |
| Jewish Home Lifecare Henry and   | <u>\$2,939,255</u>                       | <u>01/01/2015 - 03/31/2015</u> |
| Jeanette Weinberg Campus Bronx*  | <u>\$2,978,848</u>                       | <u>04/01/2015 - 03/31/2016</u> |
|                                  | <u>\$2,972,260</u>                       | <u>04/01/2016 - 03/31/2017</u> |
|                                  |                                          |                                |
| Jewish Home LifeCare Manhattan*  | \$1,947,662                              | <u>01/01/2015 - 03/31/2015</u> |
|                                  | <u>\$1,973,898</u>                       | <u>04/01/2015 - 03/31/2016</u> |
|                                  | \$1,969,532                              | 04/01/2016 - 03/31/2017        |
|                                  |                                          |                                |

| TN <u>#20-00</u> | 029-MA   | Approval Date  | 8/28/20              |
|------------------|----------|----------------|----------------------|
| Supersedes TN    | #19-0055 | Effective Date | <u>April 1, 2020</u> |

#### New York 47(aa)(7.1)

# Nursing Homes (Continued):

| Provider Name                                           | Gross Medicaid Rate | Rate Period Effective          |
|---------------------------------------------------------|---------------------|--------------------------------|
|                                                         | Adjustment          |                                |
| Jewish Home LifeCare Sarah                              | <u>\$1,169,410</u>  | <u>01/01/2015 – 03/31/2015</u> |
| Neuman Center*                                          | <u>\$1,185,162</u>  | <u>04/01/2015 – 03/31/2016</u> |
| <u></u>                                                 | <u>\$1,182,541</u>  | <u>04/01/2016 – 03/31/2017</u> |
|                                                         |                     |                                |
| Lutheran Augustana Conter for                           | <u>\$1,016,961</u>  | <u>01/01/2015 – 03/31/2015</u> |
| Lutheran Augustana Center for<br>Extended Care & Rehab* | <u>\$1,030,660</u>  | <u>04/01/2015 - 03/31/2016</u> |
| Extended Care & Renab*                                  | <u>\$1,028,381</u>  | <u>04/01/2016 - 03/31/2017</u> |
|                                                         |                     |                                |
|                                                         | <u>\$700,877</u>    | <u>01/01/2015 – 03/31/2015</u> |
| Margaret Tietz Center For Nursing                       | <u>\$710,318</u>    | <u>04/01/2015 - 03/31/2016</u> |
| Care Inc*                                               | <u>\$708,747</u>    | <u>04/01/2016 - 03/31/2017</u> |
|                                                         | <u>\$463,620</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                                         | \$463,620           | 04/01/2021 - 03/31/2022        |
|                                                         |                     |                                |
|                                                         | <u>\$1,453,160</u>  | <u>01/01/2015 - 03/31/2015</u> |
| Man ( Manajara ) Malah Nuwajara                         | \$1,472,735         | 04/01/2015 - 03-31-2016        |
| Mary Manning Walsh Nursing                              | \$1,469,478         | 04/01/2016 - 03-31-2017        |
| Home Co Inc*                                            | \$861,601           | 04/01/2020 - 03-31-2021        |
|                                                         | \$861,601           | 04/01/2021 - 03-31-2022        |
|                                                         |                     |                                |
|                                                         | <u>\$1,210,053</u>  | 01/01/2015 - 03/31/2015        |
| Menorah Home And Hospital For                           | \$1,226,353         | 04/01/2015 - 03/31/2016        |
| Rehabilitation and Nursing*                             | <u>\$1,223,641</u>  | <u>04/01/2016 - 03/31/2017</u> |
|                                                         | <u>\$800,433</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                                         | <u>\$800,433</u>    | <u>04/01/2021 – 03/31/2022</u> |
|                                                         |                     |                                |
|                                                         | <u>\$441,177</u>    | <u>01/01/2015 – 03/31/2015</u> |
| Mathadist Homo for Nursing and                          | <u>\$447,120</u>    | <u>04/01/2015 - 03/31/2016</u> |
| Methodist Home for Nursing and<br>Rehabilitation*       | <u>\$446,131</u>    | <u>04/01/2016 - 03/31/2017</u> |
|                                                         | <u>\$291,832</u>    | <u>04/01/2020 - 03/31/2021</u> |
|                                                         | <u>\$291,832</u>    | <u>04/01/2021 - 03/31/2022</u> |
|                                                         |                     |                                |

\*Denotes provider is part of CINERGY Collaborative.

| TN | #20-0029-MA |
|----|-------------|
|    |             |

Approval Date 8/28/20

Supersedes TN <u>#NEW</u>

Effective Date <u>April 1, 2020</u>

#### New York 47(aa)(8)

#### Nursing Homes (Continued):

| Provider Name                                                  | <u>Gross Medicaid Rate</u><br><u>Adiustment</u> | Rate Period Effective          |
|----------------------------------------------------------------|-------------------------------------------------|--------------------------------|
| New York Congregational Nursing                                | <u>\$717,376</u>                                | <u>01/01/2015 – 03/31/2015</u> |
| New York Congregational Nursing                                | <u>\$727,040</u>                                | <u>04/01/2015 - 03/31/2016</u> |
| <u>Center Inc*</u>                                             | <u>\$725,432</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                                                |                                                 |                                |
|                                                                | <u>\$5,597,952</u>                              | <u>04/01/2012 - 03/31/2013</u> |
|                                                                | <u>\$3,885,888</u>                              | <u>04/01/2013 - 12/31/2013</u> |
| Northeast Center for Special Care                              | <u>\$5,312,562</u>                              | <u>01/01/2014 - 03/31/2014</u> |
|                                                                | <u>\$5,027,984</u>                              | <u>04/01/2014 - 03/31/2015</u> |
|                                                                | <u>\$815,934</u>                                | <u>04/01/2015 – 03/31/2016</u> |
|                                                                |                                                 |                                |
|                                                                | <u>\$977,614</u>                                | <u>01/01/2015 - 03/31/2015</u> |
| Palisade Nursing Home Company Inc*                             | <u>\$990,783</u>                                | <u>04/01/2015 - 03/31/2016</u> |
|                                                                | <u>\$988,592</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                                                |                                                 |                                |
|                                                                | <u>\$1,929,819</u>                              | <u>01/01/2015 - 03/31/2015</u> |
| Darkar Jawish Institute for Health                             | <u>\$1,955,814</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| Parker Jewish Institute for Health<br>Care and Rehabilitation* | <u>\$1,951,489</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                                                | <u>\$1,276,548</u>                              | <u>04/01/2020 - 03/31/2021</u> |
|                                                                | <u>\$1,276,548</u>                              | <u>04/01/2021 - 03/31/2022</u> |
|                                                                |                                                 |                                |

\*Denotes provider is part of CINERGY Collaborative.

TN <u>#20-0029-MA</u> Approval Date <u>8/28/20</u>

Supersedes TN <u>#15-0030</u>

Effective Date <u>April 1, 2020</u>

#### New York 47(aa)(8.1)

#### Nursing Homes (Continued):

| Provider Name                                               | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|-------------------------------------------------------------|-------------------------------------------------|--------------------------------|
|                                                             | <u>\$693,647</u>                                | <u>01/01/2015 - 03/31/2015</u> |
|                                                             | <u>\$702,990</u>                                | <u>04/01/2015 - 03/31/2016</u> |
| Providence Rest*                                            | <u>\$701,435</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                                             | <u>\$458,838</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                                             | <u>\$458,838</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                                             |                                                 |                                |
|                                                             | <u>\$387,029</u>                                | 01/01/2015 - 03/31/2015        |
| Debelieh Debehilitetien 8                                   | <u>\$392,242</u>                                | <u>04/01/2015 - 03/31/2016</u> |
| Rebekah Rehabilitation &<br>Extended Care Center Inc*       | <u>\$510,122</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                                             | <u>\$282,288</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                                             | <u>\$282,288</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                                             |                                                 |                                |
|                                                             | \$1,858,017                                     | <u>01/01/2015 - 03/31/2015</u> |
| Riverdale Nursing Home*                                     | <u>\$1,883,045</u>                              | <u>04/01/2015 - 03/31/2016</u> |
|                                                             | <u>\$1,878,881</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                                             |                                                 |                                |
|                                                             | <u>\$2,234,772</u>                              | <u>01/01/2015 - 03/31/2015</u> |
|                                                             | <u>\$2,264,875</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| Rutland Nursing Home Co Inc.*                               | <u>\$2,259,866</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                                             | <u>\$1,289,994</u>                              | <u>04/01/2020 - 03/31/2021</u> |
|                                                             | <u>\$1,289,994</u>                              | <u>04/01/2021 - 03/31/2022</u> |
|                                                             |                                                 |                                |
| Cointo Josephine & Anno Nurreing                            | <u>\$644,472</u>                                | <u>01/01/2015 - 03/31/2015</u> |
|                                                             | <u>\$653,154</u>                                | <u>04/01/2015 – 03/31/2016</u> |
| Saints Joachim & Anne Nursing<br>and Rehabilitation Center* | <u>\$651,709</u>                                | <u>04/01/2016 – 03/31/2017</u> |
| and Kenabilitation Center"                                  | <u>\$426,310</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                                             | <u>\$426,310</u>                                | <u>04/01/2021 – 03/31/2022</u> |
|                                                             |                                                 |                                |

\*Denotes provider is part of CINERGY Collaborative.

TN <u>#20-0029-MA</u> Approval Date <u>8/28/20</u>

Supersedes TN <u>#NEW</u>

Effective Date <u>April 1, 2020</u>

# New York 47(aa)(9)

## Nursing Homes (Continued):

| Provider Name                       | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|-------------------------------------|-------------------------------------------------|--------------------------------|
|                                     | <u>\$4,500,000</u>                              | <u>02/01/2014 - 03/31/2014</u> |
| Samaritan Keep Nursing Home Inc.    | <u>\$4,500,000</u>                              | <u>04/01/2014 - 03/31/2015</u> |
| Samantan Keep Nursing Home Inc.     | <u>\$6,754,384</u>                              | <u>01/01/2017 - 03/31/2017</u> |
|                                     | <u>\$6,716,384</u>                              | <u>04/01/2017 - 03/31/2018</u> |
|                                     |                                                 |                                |
| Sarah Neuman Center for Healthcare* | <u>\$773,173</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                     | <u>\$773,173</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                     |                                                 |                                |
|                                     | <u>\$441,290</u>                                | <u>01/01/2015 - 03/31/2015</u> |
|                                     | \$447,234                                       | <u>04/01/2015 - 03/31/2016</u> |
| Schaffer Extended Care System*      | <u>\$446,245</u>                                | <u>04/01/2016 - 03/31/2017</u> |
|                                     | \$291,907                                       | <u>04/01/2020 - 03/31/2021</u> |
|                                     | <u>\$291,907</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                     |                                                 |                                |
|                                     | <u>\$1,421,550</u>                              | <u>01/01/2015 - 03/31/2015</u> |
| Schervier Nursing Care Center*      | <u>\$1,440,698</u>                              | 04/01/2015 - 03/31/2016        |
|                                     | \$1,437,512                                     | <u>04/01/2016 - 03/31/2017</u> |
|                                     |                                                 |                                |
| Schnurmacher Center for             | <u>\$539,168</u>                                | <u>01/01/2015 - 03/31/2015</u> |
| Schnurmacher Center for             | \$546,431                                       | <u>04/01/2015 - 03/31/2016</u> |
| Rehabilitation and Nursing*         | \$545,222                                       | 04/01/2016 - 03/31/2017        |
|                                     |                                                 |                                |

\*Denotes provider is part of CINERGY Collaborative.

| TN . | #20-0029-MA |  |
|------|-------------|--|
|      |             |  |

Approval Date 8/28/20 Effective Date April 1, 2020

Supersedes TN <u>#17-0023</u>

# New York 47(aa)(9.1)

# Nursing Homes (Continued):

| Provider Name                                    | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|--------------------------------------------------|-------------------------------------------------|--------------------------------|
|                                                  | <u>\$1,852,978</u>                              | <u>01/01/2015 - 03/31/2015</u> |
| Schulman and Schachne                            | <u>\$1,877,938</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| Institute for Nursing and                        | <u>\$1,873,785</u>                              | <u>04/01/2016 - 03/31/2017</u> |
| Rehabilitation*                                  | <u>\$1,225,719</u>                              | <u>04/01/2020 - 03/31/2021</u> |
|                                                  | <u>\$1,225,719</u>                              | <u>04/01/2021 - 03/31/2022</u> |
|                                                  |                                                 |                                |
|                                                  | <u>\$1,293,304</u>                              | <u>01/01/2015 - 03/31/2015</u> |
|                                                  | <u>\$1,310,725</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| <u>Silvercrest*</u>                              | <u>\$1,307,827</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                                  | <u>\$833,785</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                                  | <u>\$833,785</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                                  |                                                 |                                |
| St Cabrini Nursing Homo*                         | <u>\$748,048</u>                                | <u>04/01/2020 - 03/31/2021</u> |
| St Cabrini Nursing Home*                         | <u>\$748,048</u>                                | 04/01/2021 - 03/31/2022        |
|                                                  |                                                 |                                |
|                                                  | <u>\$400,000</u>                                | <u>04/01/2020 - 03/31/2021</u> |
| St Johnland Nursing Center*                      | <u>\$400,000</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                                  |                                                 |                                |
|                                                  | <u>\$1,777,136</u>                              | <u>01/01/2015 – 03/31/2015</u> |
| Ct. Man /a Heapital for                          | <u>\$1,795,679</u>                              | <u>04/01/2015 - 03/31/2016</u> |
| <u>St. Mary's Hospital for</u><br>Children Inc.* | <u>\$1,792,470</u>                              | <u>04/01/2016 - 03/31/2017</u> |
| <u>crindren Inc. ·</u>                           | <u>\$1,053,645</u>                              | <u>04/01/2020 - 03/31/2021</u> |
|                                                  | <u>\$1,053,645</u>                              | <u>04/01/2021 - 03/31/2022</u> |
|                                                  |                                                 |                                |
|                                                  | <u>\$417,641</u>                                | <u>01/01/2015 - 03/31/2015</u> |
|                                                  | <u>\$423,266</u>                                | <u>04/01/2015 - 03/31/2016</u> |
| St Vincent Depaul Residence*                     | \$422,330                                       | 04/01/2016 - 03/31/2017        |
|                                                  | \$276,263                                       | 04/01/2020 - 03/31/2021        |
|                                                  | <u>\$276,263</u>                                | 04/01/2021 - 03/31/2022        |
|                                                  |                                                 |                                |

| TN <u>#20-0029-MA</u>     | Approval Date  | 8/28/20       |
|---------------------------|----------------|---------------|
| Supersedes TN <u>#New</u> | Effective Date | April 1, 2020 |

#### New York 47(aa)(10)

# Nursing Homes (Continued):

| Provider Name                                     | Gross Medicaid Rate | Rate Period Effective          |
|---------------------------------------------------|---------------------|--------------------------------|
|                                                   | Adjustment          |                                |
|                                                   | \$3,130,256         | 01/01/2015 - 03/31/2015        |
|                                                   | \$2,665,687         | 04/01/2015 - 03/31/2016        |
| Terence Cardinal Cooke Health Care                | \$1,013,227         | 06/16/2016 - 03/31/2017        |
| Ctr*                                              | \$2,659,791         | 10/01/2016 - 03/31/2017        |
|                                                   | <u>\$1,449,586</u>  | <u>04/01/2020 - 03/31/2021</u> |
|                                                   | <u>\$1,449,586</u>  | <u>04/01/2021 - 03/31/2022</u> |
|                                                   |                     |                                |
| The Jewish Home Hospital*                         | <u>\$1,248,092</u>  | <u>04/01/2020 - 03/31/2021</u> |
|                                                   | \$1,248,092         | 04/01/2021 - 03/31/2022        |
|                                                   |                     |                                |
| The Wartburg Home*                                | \$1,020,644         | 01/01/2015 - 03/31/2015        |
| _                                                 | \$1,034,392         | 04/01/2015 - 03/31/2016        |
|                                                   | \$1,032,104         | 04/01/2016 - 03/31/2017        |
|                                                   | \$671,170           | 04/01/2020 - 03/31/2021        |
|                                                   | \$671,170           | 04/01/2021 - 03/31/2022        |
|                                                   |                     |                                |
|                                                   | \$ 938,910          | 10/05/2017 - 03/31/2018        |
| Trustees Festern Charlell and Llanes              | \$1,530,028         | 04/01/2018 - 03/31/2019        |
| Trustees Eastern Star Hall and Home               | \$ 760,607          | 04/01/2019 - 03/31/2020        |
|                                                   | \$ 754,650          | 04/01/2020 - 09/30/2020        |
|                                                   | • •                 |                                |
| United Hebrew Geriatric Center*                   | \$1,152,635         | 01/01/2015 - 03/31/2015        |
|                                                   | \$1,168,162         | 04/01/2015 - 03/31/2016        |
|                                                   | \$1,165,578         | 04/01/2016 - 03/31/2017        |
|                                                   | \$762,452           | 04/01/2020 - 03/31/2021        |
|                                                   | \$762,452           | 04/01/2021 - 03/31/2022        |
|                                                   |                     |                                |
| [Victoria Home                                    | \$500,000           | 01/01/2015 - 03/31/2015        |
|                                                   |                     |                                |
| VillageCare Rehabilitation and Nursing<br>Center* | \$1,132,647         | 01/01/2015 - 03/31/2015        |
|                                                   | \$1,142,631         | 04/01/2015 - 03/31/2016        |
|                                                   | \$1,140,849         | 04/01/2016 - 03/31/2017]       |
|                                                   |                     |                                |

\*Denotes provider is part of CINERGY Collaborative.

TN <u>#20-0029-MA</u>

Approval Date \_\_\_\_\_8/28/20

Supersedes TN <u>#17-0064</u>

Effective Date \_\_\_\_\_ April 1, 2020

# New York 47(aa)(10.1)

# Nursing Homes (Continued):

| Provider Name                                                   | <u>Gross Medicaid Rate</u><br><u>Adjustment</u> | Rate Period Effective          |
|-----------------------------------------------------------------|-------------------------------------------------|--------------------------------|
| Victoria Home                                                   | <u>\$500,000</u>                                | <u>01/01/2015 - 03/31/2015</u> |
|                                                                 |                                                 |                                |
| <u>VillageCare Rehabilitation and</u><br><u>Nursing Center*</u> | <u>\$1,132,647</u>                              | <u>01/01/2015 - 03/31/2015</u> |
|                                                                 | <u>\$1,142,631</u>                              | <u>04/01/2015 - 03/31/2016</u> |
|                                                                 | <u>\$1,140,849</u>                              | <u>04/01/2016 - 03/31/2017</u> |
|                                                                 | <u>\$621,763</u>                                | <u>04/01/2020 - 03/31/2021</u> |
|                                                                 | <u>\$621,763</u>                                | <u>04/01/2021 - 03/31/2022</u> |
|                                                                 |                                                 |                                |

| TN <u>#20-0029-MA</u>     | Approval Date  | 8/28/20       |
|---------------------------|----------------|---------------|
| Supersedes TN <u>#New</u> | Effective Date | April 1, 2020 |