

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 23-0042**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



---

**Financial Management Group**

September 24, 2024

Amir Bassiri  
Medicaid Director  
New York State Department of Health  
99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210

RE: TN 23-0042

Dear Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 23-0042, which was submitted to CMS on (June 30, 2023). This plan amendment provides a seven and a half percent rate increase to nursing homes.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2023. 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 Kristina Mack at 617-565-1225 or via email at [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 4 2</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 01, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**§ 1905(a)(4)(A) Nursing Facility Services**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 04/01/23-09/30/23 \$ 100,746,240  
b. FFY 10/01/23-09/30/24 \$ 201,492,480

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-D Part I Page: A(a.1)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment: NEW**

9. SUBJECT OF AMENDMENT  
**Nursing Home 7.5% ATB**

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
**Amir Bassiri**

13. TITLE  
**Medicaid Director**

14. DATE SUBMITTED **June 30, 2023**

15. 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 CMS USE ONLY**

16. DATE RECEIVED  
**June 30, 2023**

17. DATE APPROVED  
**September 24, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**April 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
**Rory Howe**

21. TITLE OF APPROVING OFFICIAL  
**Director, Financial Management Group**

22. REMARKS

**New York  
A(a.1)**

**1905(a)(4)(A) Nursing Facility Services**

**Across the Board Increase**

For dates of service on and after April 1, 2023, the operating component of the rates of reimbursement for Article 28 nursing homes, will be adjusted to reflect an across-the-board increase of seven and a half percent (7.5%).

- a. Sections subjected to the seven and a half percent (7.5%) increase are as follows:
  - i. Nursing Home Reimbursement
  - ii. Specialty care facilities
- b. The capital component of the rates is not subject to the seven and a half percent (7.5%) increase.

**TN**   #23-0042  

**Approval Date**   September 24, 2024  

**Supersedes TN**   NEW  

**Effective Date**   April 1, 2023