

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 24-0035**

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



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**Financial Management Group**

August 29, 2025

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

RE: TN 24-0035

Dear Medicaid Director Amir Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 24-0035, which was submitted to CMS on June 28, 2024. This plan amendment proposes to provide temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other healthcare providers.

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, 2024. 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,

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

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

2 4 — 0 0 3 5

2. STATE

N Y3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(4)(a) Nursing Facility Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/24-09/30/24 \$ 7,500,000b. FFY 10/01/24-03/31/25 \$ 7,500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Part I: Pages 47(aa)(5), 47(aa)(5.1), 47(aa)(6),  
47(aa)(6.1), 47(aa)(6.1.a), 47(aa)(6.2), 47(aa)(7), 47(aa)(7.1.a),  
47(aa)(8), 47(aa)(8.1), 47(aa)(9), 47(aa)(9.2), 47(aa)(9.3),  
47(aa)(10), 47(aa)(10.1)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 4.19-D Part I: Pages 47(aa)(5), 47(aa)(5.1),  
47(aa)(6), 47(aa)(6.1), 47(aa)(6.1.a), 47(aa)(6.2),  
47(aa)(7), 47(aa)(7.1.a), 47(aa)(8), 47(aa)(8.1), 47(aa)(9),  
47(aa)(9.2), 47(aa)(9.3), 47(aa)(10), 47(aa)(10.1)

9. SUBJECT OF AMENDMENT

Safety Net/VAP-Cinergy

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

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

June 28, 2024

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 28, 2024

17. DATE APPROVED

August 29, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

**New York  
47(aa)(5)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Amsterdam Nursing Home Corp (Amsterdam House)*	\$759,406	07/01/2023 – 03/31/2024
	\$736,624	04/01/2024 – 03/31/2025
Andrus on Hudson*	\$500,000	04/01/2024 – 03/31/2025
Bronx-Lebanon Special Care Center*	\$522,747	07/01/2023 – 03/31/2024
	\$507,065	04/01/2024 – 03/31/2025

\*Denotes provider is part of CINERGY Collaborative.

**TN** **#24-0035**

**Approval Date** August 29, 2025

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**Effective Date** **April 1, 2024**

**New York  
47(aa)(5.1)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Brooklyn United Methodist Church Home*	\$394,421	07/01/2023 – 03/31/2024
	\$382,588	04/01/2024 – 03/31/2025
Carmel Richmond and Healthcare and Rehabilitation Center*	\$636,012	07/01/2023 – 03/31/2024
	\$663,522	04/01/2024 – 03/31/2025
Chapin Home for the Aging*	\$437,219	07/01/2023 - 03/31/2024
	\$424,103	04/01/2024 – 03/31/2025

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New York  
47(aa)(6)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Cobble Hill Health Center*	\$527,480	07/01/2023 – 03/31/2024
	\$550,296	04/01/2024 – 03/31/2025
Concord Nursing Home*	\$395,610	07/01/2023 - 03/31/2024
	\$383,742	04/01/2024 – 03/31/2025
Eger Health Care and Rehabilitation Center*	\$909,294	07/01/2023 – 03/31/2024
	\$882,015	04/01/2024 – 03/31/2025

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New York  
47(aa)(6.1)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Elizabeth Seton Pediatric Center*	\$795,402	07/01/2023 – 03/31/2024
	\$829,807	04/01/2024 – 03/31/2025
Ferncliff Nursing Home Co Inc.*	\$794,814	07/01/2023 – 03/31/2024
	\$788,695	04/01/2024 – 03/31/2025
Fort Hudson Nursing Center	\$137,943	04/01/2023 – 06/30/2023
	\$137,943	07/01/2023 – 09/30/2023
	\$137,943	10/01/2023 – 12/31/2023
	\$137,943	01/01/2024 – 03/31/2024

\*Denotes provider is part of CINERGY Collaborative.

**New York  
47(aa)(6.1.a)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Good Samaritan Nursing Home*	\$364,063	07/01/2023 – 03/31/2024
	\$353,141	04/01/2024 – 03/31/2025
Greenfield Health and Rehabilitation Center	\$411,875	07/01/2022 – 09/30/2022
	\$411,875	10/01/2022 – 12/31/2022
	\$411,875	01/01/2023 – 03/31/2023
	\$155,000	04/01/2023 – 06/30/2023
	\$155,000	07/01/2023 – 09/30/2023
	\$155,000	10/01/2023 – 12/31/2023
	\$155,000	01/01/2024 – 03/31/2024
Gurwin Jewish Nursing and Rehabilitation Center*	\$1,438,170	07/01/2023 – 03/31/2024
	\$1,395,025	04/01/2024 – 03/31/2025
Hebrew Home for the Aged at Riverdale*	\$1,883,465	07/01/2023 – 03/31/2024
	\$1,826,961	04/01/2024 – 03/31/2025

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New York  
47(aa)(6.2)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Isabella Geriatric Center Inc*	\$1,662,023	07/01/2023 – 03/31/2024
	\$1,612,162	04/01/2024 – 03/31/2025
Island Nursing and Rehab Center*	\$452,039	07/01/2023 – 03/31/2024
	\$438,478	04/01/2024 – 03/31/2025

\*Denotes provider is part of CINERGY Collaborative.

New York  
47(aa)(7)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Jamaica Hospital Nursing Home Co Inc*	\$453,918	07/01/2023 – 03/31/2024
	\$473,552	04/01/2024 – 03/31/2025

\*Denotes provider is part of CINERGY Collaborative.

New York  
47(aa)(7.1.a)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Mary Manning Walsh Nursing Home Co Inc*	\$948,383	07/01/2023 – 03/31/2024
	\$919,932	04/01/2024 – 03/31/2025
Menorah Home And Hospital For Rehabilitation and Nursing*	\$745,518	07/01/2023 – 03/31/2024
	\$777,765	04/01/2024 – 03/31/2025
Methodist Home for Nursing and Rehabilitation*	\$293,921	07/01/2023 – 03/31/2024
	\$285,104	04/01/2024 – 03/31/2025

\*Denotes provider is part of CINERGY Collaborative.

New York  
47(aa)(8)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Parker Jewish Institute For Health Care and Rehabilitation*	\$1,654,585	07/01/2023 – 03/31/2024
	\$1,726,153	04/01/2024 – 03/31/2025

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**New York  
47(aa)(8.1)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Providence Rest*	\$525,127	07/01/2023 – 03/31/2024
	\$509,373	04/01/2024 – 03/31/2025
Rebekah Rehabilitation & Extended Care Center Inc*	\$331,686	07/01/2023 – 03/31/2024
	\$346,033	04/01/2024 – 03/31/2025
Rutland Nursing Home*	\$19,496,200	04/01/2023 – 03/31/2024
	\$19,344,300	04/01/2024 – 03/31/2025
	\$1,166,928	07/01/2023 – 03/31/2024
	\$1,131,920	04/01/2024 – 03/31/2025
Saints Joachim & Anne Nursing and Rehabilitation Center*	\$382,456	07/01/2023 – 03/31/2024
	\$370,983	04/01/2024 – 03/31/2025

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**New York  
47(aa)(9)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Sarah Neuman Center for Healthcare*	\$842,992	07/01/2023 – 03/31/2024
	\$823,570	04/01/2024 – 03/31/2025
Schaffer Extended Care System*	\$292,636	07/01/2023 – 03/31/2024
	\$305,294	04/01/2024 – 03/31/2025
Shulman and Schachne Institute for Nursing*	\$10,844,900	03/01/2023 – 03/31/2023
	\$10,503,800	04/01/2023 – 03/31/2024
	\$ 1,136,170	07/01/2023 – 03/31/2024
	\$10,655,700	04/01/2024 – 03/31/2025
	\$ 1,185,314	04/01/2024 – 03/31/2025

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New York  
47(aa)(9.2)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Silvercrest*	\$770,721	07/01/2023 – 03/31/2024
	\$804,058	04/01/2024 – 03/31/2025
St Cabrini Nursing Home*	\$761,351	07/01/2023 – 03/31/2024
	\$794,283	04/01/2024 – 03/31/2025

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**New York  
47(aa)(9.3)**

**1905(4)(a) Nursing Facility Services****Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
St Johnland Nursing Center*	\$527,480	07/01/2023 – 03/31/2024
	\$550,296	04/01/2024 – 03/31/2025
St. Mary's Hospital for Children Inc.*	\$1,114,606	07/01/2023 – 03/31/2024
	\$1,162,818	04/01/2024 – 03/31/2025
St. Patrick's Home*	\$459,153	07/01/2023 – 03/31/2024
	\$477,509	04/01/2024 – 03/31/2025
St Vincent Depaul Residence*	\$337,197	07/01/2023 – 03/31/2024
	\$351,782	04/01/2024 – 03/31/2025

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**New York  
47(aa)(10)**

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

**Nursing Homes (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Terence Cardinal Cooke Health Care Ctr*	\$1,380,067	07/01/2023 – 03/31/2024
	\$1,439,761	04/01/2024 – 03/31/2025
The Jewish Home Hospital*	\$1,572,645	07/01/2023 – 03/31/2024
	\$1,525,466	04/01/2024 – 03/31/2025
The Wartburg Home*	\$736,907	07/01/2023 – 03/31/2024
	\$714,800	04/01/2024 – 03/31/2025
United Hebrew Geriatric Center*	\$749,638	07/01/2023 – 03/31/2024
	\$782,063	04/01/2024 – 03/31/2025

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New York  
47(aa)(10.1)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
VillageCare Rehabilitation and Nursing Center*	\$567,513	07/01/2023 – 03/31/2024
St. Mary's Center*	\$276,235	07/01/2023 – 03/31/2024
	\$267,948	04/01/2024 – 03/31/2025

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