

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 25-0060**

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 S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

June 9, 2026

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

RE: TN 25-0060

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 25-0060, which was submitted to CMS on September 29, 2025. This plan amendment proposes to revise the State Plan to assist designated nursing homes by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restricting of a health care provider.

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 August 1, 2025. 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 5</u> — <u>0 0 6 0</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  
**August 01, 2025**

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 08/01/25-09/30/25 \$ 3,493,990  
b. FFY 10/01/25-09/30/26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-D Part I Pages: 47(aa)(6)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-D Part I Pages: 47(aa)(6)**

9. SUBJECT OF AMENDMENT

**Safety Net/VAP – Elderwood at Northcreek, Waverly, and Ticonderoga**

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  
**September 29, 2025**

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  
**September 29, 2025**

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**August 1, 2025**

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  
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
Elderwood at North Creek	\$2,342,637	08/01/2025 – 09/30/2025
Elderwood at Ticonderoga	\$1,343,797	08/01/2025 – 09/30/2025
Elderwood at Waverly	\$3,301,545	08/01/2025 – 09/30/2025

\*Denotes provider is part of CINERGY Collaborative.

TN     #25-0060     Approval Date     June 9, 2026    

Supersedes TN     #24-0035     Effective Date     August 1, 2025