

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 21-0020

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

December 22, 2021

Brett Friedman
Acting State Medicaid Director
New York State Department of Health
99 Washington Ave- One Commerce Plaza, Suite 1432
Albany, NY 12210

Reference: TN 21-0020

Dear Mr. Friedman:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0020. Effective September 1, 2021, this amendment proposes temporary rate adjustments to State University of New York (SUNY) Upstate Medical University for inpatient psychiatric services through March 31, 2025.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447.

This is to inform you that Medicaid State plan amendment 21-0020 is approved effective September 1, 2021. The CMS-179 and the amended plan pages are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 0

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

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 09/01/21-09/30/21 \$ 47.50

b. FFY 10/01/21-09/30/22 \$ 416.33

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Part I: Page 136(b.2)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-A Part I: Page 136(b.2)

10. SUBJECT OF AMENDMENT

Safety Net/VAP- SUNY Medical University Upstate (IP)
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Brett Friedman

14. TITLE

Acting Medicaid Director, Department of Health

15. DATE SUBMITTED

September 30, 2021

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 30, 2021

18. DATE APPROVED

December 22, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Rory Howe

22. TITLE

Director, Financial Management Group

23. REMARKS

**New York
136(b.2)**

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Bassett Medical Center	\$861,356	04/01/2018 – 03/31/2019
	\$861,356	04/01/2019 – 03/31/2020
	\$861,360	04/01/2020 – 03/31/2021
Claxton Hepburn Medical Center	\$ 250,000	01/01/2020 – 03/31/2020
	\$1,000,000	04/01/2020 – 03/31/2021
	\$1,000,000	04/01/2021 – 03/31/2022
	\$ 750,000	04/01/2022 – 12/31/2022
Oswego Hospital	\$250,000	02/01/2015 - 03/31/2015
	\$1,000,000	04/01/2015 - 03/31/2016
	\$1,000,000	04/01/2016 – 03/31/2017
	\$750,000	04/01/2017 - 06/30/2017
	\$387,520	04/12/2018 – 03/31/2019
	\$737,626	04/01/2019 – 03/31/2020
	\$374,854	04/01/2020 – 03/31/2021
Arnot Health, Inc/St. Joseph's Hospital Elmira	\$1,553,578	09/11/2014 – 03/31/2015
	\$1,773,128	04/01/2015 – 03/31/2016
	\$1,710,279	04/01/2016 – 03/31/2017
	\$ 301,744	12/01/2017 – 03/31/2018
	\$ 618,290	04/01/2018 – 03/31/2019
	\$ 590,069	04/01/2019 – 03/31/2020
	\$ 289,897	04/01/2020 – 03/31/2021
SUNY Upstate Medical University	\$ 200,000	09/01/2021 – 12/31/2021
	\$ 52,500	01/01/2022 – 03/31/2022
	\$1,208,552	04/01/2022 – 12/31/2022
	\$402,851	01/01/2023 – 03/31/2023
	\$1,000,352	04/01/2023 – 12/31/2023
	\$333,451	01/01/2024 – 03/31/2024
	\$751,721	04/01/2024 – 12/31/2024
	\$250,573	01/01/2025 – 03/31/2025

TN #21-0020 Supersedes TN #20-0004 Approval Date December 22, 2021 Effective Date September 1, 2021