

## **Table of Contents**

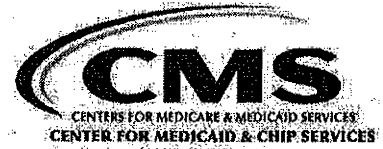
**State/Territory Name: New York**

**State Plan Amendment (SPA) #: NY 19-0054**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Financial Management Group**

---

January 15, 2020

Donna Frescatore  
Medicaid Director  
NYS Department of Health  
One Commerce Plaza  
Suite 1211  
Albany, NY 12210

RE: State Plan Amendment (SPA) 19-0054

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 19-0054. This amendment continues quarterly supplemental payments to one hospital, effective October 3, 2019.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and, therefore, have approved them with an effective date of October 3, 2019. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Charlene Holzbaur at (609) 882-4103 Extension 104.

Sincerely,

A black rectangular redaction box covering the signature of Kristin Fair.

Kristin Fair  
Director

cc:

R. Weaver  
R. Holligan  
C. Holzbaur

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

1. TRANSMITTAL NUMBER  
1 9 - 0 0 5 4

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  
October 3, 2019

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 10/03/19-09/30/20 \$ 9,000.00  
b. FFY 10/01/20-09/30/21 \$ 6,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page 136(c.1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19-A Page 136(c.1)

10. SUBJECT OF AMENDMENT

Safety Net/VAP - St. Barnabas Hospital (JP)  
(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

[Redacted Signature]

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

December 27, 2019

16. RETURN TO

New York State Department of Health  
Division of Finance and Rate Setting  
89 Washington Ave - One Commerce Plaza  
Suite 1432  
Albany, NY 12210

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

01/15/2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

10/03/2019

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMG

23. REMARKS

New York  
136(c.1)

## Hospitals (Continued):

| Provider Name                            | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|--|--------------------------------|-------------------------|
| St. Barnabas Hospital                    | \$ 2,588,278                   | 01/01/2013 - 03/31/2013 |
|  | \$ 1,876,759                   | 04/01/2013 - 03/31/2014 |
|  | \$ 1,322,597                   | 04/01/2014 - 03/31/2015 |
|  | \$ 2,500,000                   | 01/01/2017 - 03/31/2017 |
|  | \$10,000,000                   | 04/01/2017 - 03/31/2018 |
|  | \$10,000,000                   | 04/01/2018 - 03/31/2019 |
|  | \$ 7,500,000                   | 04/01/2019 - 12/31/2019 |
|  | \$12,000,000                   | 07/01/2018 - 03/31/2019 |
|  | \$12,000,000                   | 10/03/2019 - 03/31/2020 |
|  | \$12,000,000                   | 04/01/2020 - 03/31/2021 |
| \$12,000,000                             | 04/01/2021 - 03/31/2022        |                         |
| St. John's Riverside-St. John's Division | \$1,800,000                    | 07/01/2018 - 03/31/2019 |
|  | \$ 700,000                     | 04/01/2019 - 03/31/2020 |
|  | \$ 500,000                     | 04/01/2020 - 03/31/2021 |
| Soldiers & Sailors Memorial Hospital     | \$ 19,625                      | 02/01/2014 - 03/31/2014 |
|  | \$ 117,252                     | 04/01/2014 - 03/31/2015 |
|  | \$ 134,923                     | 04/01/2015 - 03/31/2016 |
| South Nassau Communities Hospital        | \$3,000,000                    | 11/01/2014 - 03/31/2015 |
|  | \$1,000,000                    | 04/01/2015 - 03/31/2016 |
|  | \$4,000,000                    | 07/01/2018 - 03/31/2019 |
|  | \$4,000,000                    | 04/01/2019 - 03/31/2020 |
|  | \$4,000,000                    | 04/01/2020 - 03/31/2021 |
| Strong Memorial Hospital                 | \$4,163,227                    | 04/01/2018 - 03/31/2019 |
|  | \$4,594,780                    | 04/01/2019 - 03/31/2020 |
|  | \$4,370,030                    | 04/01/2020 - 03/31/2021 |
| Wyckoff Heights Medical Center           | \$1,321,800                    | 01/01/2014 - 03/31/2014 |
|  | \$1,314,158                    | 04/01/2014 - 03/31/2015 |
|  | \$1,344,505                    | 04/01/2015 - 03/31/2016 |

TN #19-0054  
Supersedes TN #18-0054

Approval Date 01/15/2020  
Effective Date 10/03/2019