

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



Financial Management Group

APR 15 2015

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP – 1211)
Albany, NY 12237

RE: State Plan Amendment (SPA) TN 14-0012

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 14-0012. Effective February 1, 2014 this amendment revises temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments for four nursing homes and adds payments for one additional facility.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This is to inform you that New York 14-0012 is approved effective February 1, 2014 and have enclosed the CMS-179 and approved plan pages.

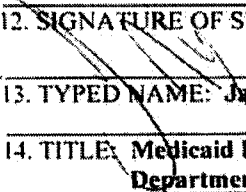

If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Hill". The signature is stylized and cursive.

Timothy Hill
Director

Enclosures

| | | | |
|--|--|---|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 14-0012 | 2. STATE New York |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE February 1, 2014 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447 | | 7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 02/01/14-09/30/14 \$ 3,792.76 b. FFY 10/01/14-09/30/15 \$ 1,748.20 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(5) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D: Pages 47(aa)(4), 47(aa)(5) | |
| 10. SUBJECT OF AMENDMENT: Safety Net/VAP – LTC – Phase 2 (Group 2) (FMAP = 50%) | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210 | |
| 13. TYPED NAME: Jason A. Helgerson | | | |
| 14. TITLE: Medicaid Director Department of Health | | | |
| 15. DATE SUBMITTED: March 24, 2014 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: - | | 18. DATE APPROVED: APR 15 2014 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: FEB 01 2014 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: KRISTIN FAN | | 22. TITLE: Deputy Director, FMG | |
| 23. REMARKS: | | | |

**New York
47(aa)(4)**

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Nursing Homes

A temporary rate adjustment will be provided to eligible residential health care providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible residential health care providers, the amount of the temporary rate adjustment, and the duration of each rate adjustment period shall be listed in the table which follows. The total adjustment amount for each period shown below will be paid quarterly during each period in equal installments. The temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary rate adjustments have been approved for the following providers in the amounts and for the effective periods listed.

Nursing Homes:

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|--------------------------------------|-------------------------|
| Adirondack Tri-County Nursing & Rehabilitation Center, Inc. | \$225,680 | 01/01/2014 – 03/31/2014 |
| | [\$234,707] \$1,369,690 | 04/01/2014 – 03/31/2015 |
| Crouse Community Center | \$645,000 | 01/01/2014 – 03/31/2014 |
| | \$710,000 | 04/01/2014 – 03/31/2015 |
| | \$65,000 | 04/01/2015 – 03/31/2016 |
| Field Home – Holy Comforter | \$534,500 | 04/01/2012 – 03/31/2013 |
| | \$534,500 | 04/01/2013 – 03/31/2014 |

TN #14-0012

Approval Date APR 15 2015

Supersedes TN #13-0069

Effective Date FEB 01 2014

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

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---|------------------------------|
| Heritage Commons Residential Health Care | \$976,816 | 01/01/2014 – 03/31/2014 |
| | [\$1,015,888] \$834,744 | 04/01/2014 – 03/31/2015 |
| Mercy Living Center | \$6,694 | 01/01/2014 – 03/31/2014 |
| | [\$6,692] \$723,872 | 04/01/2014 – 03/31/2015 |
| Northeast Center for Special Care | \$5,597,952 | 04/01/2012 – 03/31/2013 |
| | \$3,885,888 | 04/01/2013 – 12/31/2013 |
| | \$5,312,562 | 01/01/2014 – 03/31/2014 |
| | \$5,027,984 | 04/01/2014 - 03/31/2015 |
| | \$815,934 | 04/01/2015 - 03/31/2016 |
| Samaritan Keep Nursing Home Inc. | \$4,500,000 | 02/01/2014 – 03/31/2014 |
| | \$4,500,000 | 04/01/2014 – 03/31/2015 |
| Uihlein Living Center | \$2,273,884 | 01/01/2014 – 03/31/2014 |
| | \$2,359,369 | 04/01/2014 – 03/31/2015 |
| | \$821,793 | 04/01/2015 – 03/31/2016 |

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