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**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **17-0064**

This file contains the following documents in the order listed:

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

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



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**Financial Management Group**

JAN 10 2018

Jason A. Helgeson  
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 17-0064

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 17-0064. Effective October 5, 2017 this amendment provides temporary Vital Access Provider / Safety Net Provider (VAP/SNP) enhanced payments to Trustees Eastern Star Hall and Home nursing 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 letter is to inform you that New York 17-0064 is approved effective October 5, 2017. The CMS-179 and approved plan page are enclosed.

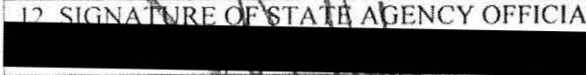
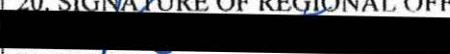
If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>17-0064</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 5, 2017</b>	
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: § 1902(a) of the Social Security Act and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 10/05/17-09/30/18 \$ 851.96 b. FFY 10/01/18-09/30/19 \$ 572.66	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D Part I: 47(aa)(10)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-D Part I: 47(aa)(10)</b>	
10. SUBJECT OF AMENDMENT: <b>Safety Net/VAP- Trustees Eastern Star Hall and Home (FMAP = 50%)</b>			
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: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Holgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>DEC 15 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>JAN 10 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>OCT 05 2017</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Kristin Fan</b>		22. TITLE: <b>Director, FMCe</b>	
23. REMARKS:			

New York  
47(aa)(10)

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Terence Cardinal Cooke Health Care Ctr*	\$3,130,256	01/01/2015 – 03/31/2015
	\$2,665,687	04/01/2015 – 03/31/2016
	\$1,013,227	06/16/2016 – 03/31/2017
	\$2,659,791	10/01/2016 – 03/31/2017
The Wartburg Home*	\$1,020,644	01/01/2015 – 03/31/2015
	\$1,034,392	04/01/2015 – 03/31/2016
	\$1,032,104	04/01/2016 – 03/31/2017
<u>Trustees Eastern Star Hall and Home</u>	\$ 938,910	<u>10/05/2017 – 03/31/2018</u>
	\$1,530,028	<u>04/01/2018 – 03/31/2019</u>
	\$ 760,607	<u>04/01/2019 – 03/31/2020</u>
	\$ 754,650	<u>04/01/2020 – 09/30/2020</u>
United Hebrew Geriatric Center*	\$1,152,635	01/01/2015 – 03/31/2015
	\$1,168,162	04/01/2015 – 03/31/2016
	\$1,165,578	04/01/2016 – 03/31/2017
Victoria Home	\$500,000	01/01/2015 – 03/31/2015
VillageCare Rehabilitation and Nursing Center*	\$1,132,647	01/01/2015 – 03/31/2015
	\$1,142,631	04/01/2015 – 03/31/2016
	\$1,140,849	04/01/2016 – 03/31/2017

\*Denotes provider is part of CINERGY Collaborative.

TN           #17-0064          

Approval Date           JAN 10 2018          

Supersedes TN           #16-0050          

Effective Date           OCT 05 2017