



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 30, 2022

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave, Suite 600
Chicago, IL 60601

RE: SPA #22-0084
Long Term Care Facility Services

Dear Mr. McMillion:

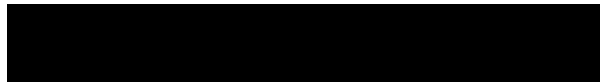
The State requests approval of the enclosed amendment #22-0084 to the Title XIX (Medicaid) State Plan for long term care facility services to be effective October 1, 2022 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the proposed amendment is provided in Appendix II.

This amendment is submitted pursuant to §1905(a)(4)(A) of the Social Security Act (42 USC 1396d(a)(4)(A)) and Title 42 of the Code of Federal Regulations, Part 447, Subpart C, (42 CFR §447).

A copy of the pertinent section of enacted legislation is enclosed for your information (Appendix III). Copies of the public notice of this proposed amendment, which were given in the New York State Register on September 28, 2022, and clarified on December 28, 2022, are also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,



Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT

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 	15. RETURN TO
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED December 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2022 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

New York
47(aa)(3.1)

1905(a)(4)(A) Nursing Facility Services

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

A temporary lump sum payment will be provided to eligible residential health care providers that may be in danger of closing or significant restructuring. The payment is intended to protect and enhance access to, and quality of, care as vulnerable facilities confront ongoing workforce challenges in the wake of the COVID-19 pandemic. Low staff retention is a significant driver of those workforce challenges and retaining experienced direct care workers is a critical element of ensuring that quality care can be delivered. The pandemic compounded this challenge as it particularly stressed providers who have invested in providing comprehensive health benefits to their staff.

Eligible residential health care providers, the amount of the payment, and the duration of each payment shall be listed in the table which follows. Eligible facilities must:

- (1) Have proprietary or voluntary ownership; and
- (2) Participate in a comprehensive health, retirement, and training benefit fund covering at least 100 nursing homes to address direct-care staff turnover and demonstrate evidence of employer investment in retention; and
- (3) Demonstrate financial challenges, described above, evidenced as a three-year average operating margin lower than 1%, as shown on RHCF-4 cost reports

The temporary payment made under this section will be lump-sum payment made to such facilities twice annually, once in October and once in March. Receipt of the temporary payment made under this section does not preclude receipt of other Vital Access Program (VAP) funds, as well as the Advanced Training Initiative (ATI) funds.

In order to remain eligible, participating providers must submit periodic reports to the Department of Health that attest to their achievement of benchmarks and goals, including continued participation in a comprehensive benefit program and data on their retention of staff, by title. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's payment.

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

Nursing Homes:

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Acadia Center for Nursing and Rehabilitation</u>	<u>\$202,627</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$405,256</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$405,256</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Amsterdam Nursing Home Corp (Amsterdam House)</u>	<u>\$764,913</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,529,826</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,529,826</u>	<u>04/01/2024 – 03/31/2025</u>

New York
47(aa)(3.2)

1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Andrus On Hudson</u>	<u>\$398,255</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$796,511</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$796,511</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bainbridge Nursing And Rehabilitation Center</u>	<u>\$490,948</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$981,895</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$981,895</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Beach Gardens Rehab and Nursing Center</u>	<u>\$224,509</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$449,017</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$449,017</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Beacon Rehabilitation and Nursing Center</u>	<u>\$199,615</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$399,232</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$399,232</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Beth Abraham Health Services</u>	<u>\$1,074,874</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,149,750</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,149,750</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bethel Nursing and Rehabilitation Center</u>	<u>\$304,882</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$609,763</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$609,763</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bethel Nursing Home Company Inc</u>	<u>\$63,433</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$126,868</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$126,868</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bridge View Nursing Home</u>	<u>\$287,728</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$575,458</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$575,458</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bronx Gardens Rehabilitation and Nursing Center</u>	<u>\$406,610</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$813,221</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$813,221</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bronx-Lebanon Special Care Center</u>	<u>\$614,114</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,228,226</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,228,226</u>	<u>04/01/2024 – 03/31/2025</u>

TN #22-0084

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Supersedes TN #NEW

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New York
47(aa)(3.3)

1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Brooklyn Center for Rehabilitation and Residential Health</u>	<u>\$337,882</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$675,766</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$675,766</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Brooklyn Gardens Nursing & Rehabilitation Center</u>	<u>\$556,754</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,113,506</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,113,506</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Brooklyn United Methodist Church Home</u>	<u>\$278,923</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$557,845</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$557,845</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Brooklyn-Queens Nursing Home</u>	<u>\$322,666</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$645,334</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$645,334</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Carillon Nursing and Rehabilitation Center</u>	<u>\$504,694</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,009,390</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,009,390</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Caton Park Nursing Home</u>	<u>\$201,209</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$402,416</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$402,416</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Cedar Manor Nursing & Rehabilitation Center</u>	<u>\$209,677</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$419,356</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$419,356</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Central Island Healthcare</u>	<u>\$286,719</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$573,438</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$573,438</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Chapin Home For The Aging</u>	<u>\$350,039</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$700,076</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$700,076</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Clove Lakes Health Care and Rehabilitation Center</u>	<u>\$785,751</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,571,502</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,571,502</u>	<u>04/01/2024 – 03/31/2025</u>

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New York
47(aa)(3.4)

1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Cold Spring Hills Center for Nursing and Rehabilitation</u>	<u>\$854,272</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,708,546</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,708,546</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Concourse Rehabilitation and Nursing Center</u>	<u>\$456,749</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$913,496</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$913,496</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Crown Heights Center for Nursing and Rehabilitation</u>	<u>\$575,548</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,151,095</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,151,095</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Daleview Care Center</u>	<u>\$182,053</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$364,105</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$364,105</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Ditmas Park Care Center</u>	<u>\$169,831</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$339,664</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$339,664</u>	<u>04/01/2024 – 03/31/2025</u>
<u>East Haven Nursing And Rehabilitation Center</u>	<u>\$442,254</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$884,508</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$884,508</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Eastchester Rehabilitation and Health Care Center</u>	<u>\$405,141</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$810,282</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$810,282</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Eger Health Care and Rehabilitation Center</u>	<u>\$649,561</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,299,121</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,299,121</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Emerge Nursing and Rehabilitation at Glen Cove</u>	<u>\$62,268</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$124,536</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$124,536</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Excel at Woodbury for Rehabilitation and Nursing LLC</u>	<u>\$68,776</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$137,554</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$137,554</u>	<u>04/01/2024 – 03/31/2025</u>

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New York
47(aa)(3.5)

1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Ferncliff Nursing Home Co Inc</u>	<u>\$734,365</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,468,732</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,468,732</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Fordham Nursing and Rehabilitation Center</u>	<u>\$535,833</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,071,666</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,071,666</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Fort Tryon Center for Rehabilitation and Nursing</u>	<u>\$465,695</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$931,388</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$931,388</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Friedwald Center for Rehabilitation & Nursing LLC</u>	<u>\$280,662</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$561,324</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$561,324</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Fulton Commons Care Center Inc</u>	<u>\$319,621</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$639,244</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$639,244</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Glen Arden Inc</u>	<u>\$5,212</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$10,423</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$10,423</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Glen Island Center for Nursing and Rehabilitation</u>	<u>\$380,856</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$761,712</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$761,712</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hamilton Park Nursing and Rehabilitation Center</u>	<u>\$290,051</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$580,103</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$580,103</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Haven Manor Health Care Center LLC</u>	<u>\$572,511</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,145,022</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,145,022</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hebrew Home For The Aged At Riverdale</u>	<u>\$1,529,521</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$3,059,044</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$3,059,044</u>	<u>04/01/2024 – 03/31/2025</u>

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New York
47(aa)(3.6)

1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Hempstead Park Nursing Home</u>	<u>\$575,719</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,151,440</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,151,440</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hilaire Rehab & Nursing</u>	<u>\$94,499</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$188,996</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$188,996</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hollis Park Manor Nursing</u>	<u>\$161,419</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$322,840</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$322,840</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hudson Pointe at Riverdale Center for Nursing and Rehabilitation</u>	<u>\$359,090</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$718,181</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$718,181</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Incarnation Children's Center</u>	<u>\$43,399</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$86,800</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$86,800</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Isabella Geriatric Center Inc</u>	<u>\$1,388,054</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,776,109</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,776,109</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Jamaica Hospital Nursing Home Co Inc</u>	<u>\$394,858</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$789,715</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$789,715</u>	<u>04/01/2024 – 03/31/2025</u>
<u>King David Center for Nursing and Rehabilitation</u>	<u>\$486,417</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$972,834</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$972,834</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Lawrence Nursing Care Center Inc</u>	<u>\$467,196</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$934,392</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$934,392</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Livingston Hills Nursing and Rehabilitation Center</u>	<u>\$245,872</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$491,743</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$491,743</u>	<u>04/01/2024 – 03/31/2025</u>

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New York
47(aa)(3.7)

1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Lynbrook Restorative Therapy and Nursing</u>	<u>\$45,451</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$90,904</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$90,904</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Mary Manning Walsh Nursing Home Co Inc</u>	<u>\$450,725</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$901,448</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$901,448</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Mayfair Care Center</u>	<u>\$283,880</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$567,760</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$567,760</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Menorah Home & Hospital for Aged & Infirm</u>	<u>\$743,853</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,487,706</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,487,706</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Methodist Home For Nursing and Rehabilitation</u>	<u>\$138,653</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$277,306</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$277,306</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Midway Nursing Home</u>	<u>\$270,699</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$541,398</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$541,398</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Montgomery Nursing and Rehabilitation Center</u>	<u>\$137,364</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$274,728</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$274,728</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Mosholu Parkway Nursing and Rehabilitation Center</u>	<u>\$264,978</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$529,956</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$529,956</u>	<u>04/01/2024 – 03/31/2025</u>
<u>New Carlton Rehab and Nursing Center LLC</u>	<u>\$301,410</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$602,820</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$602,820</u>	<u>04/01/2024 – 03/31/2025</u>
<u>New York Congregational Nursing Center Inc</u>	<u>\$368,545</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$737,090</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$737,090</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>North Westchester Restorative Therapy and Nursing</u>	<u>\$94,900</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$189,800</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$189,800</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Northern Manor Geriatric Center Inc</u>	<u>\$516,661</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,033,321</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,033,321</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Northern Metropolitan Residential Health Care Facility Inc</u>	<u>\$230,163</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$460,326</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$460,326</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Norwegian Christian Home and Health Center</u>	<u>\$247,981</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$495,962</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$495,962</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Oasis Rehabilitation and Nursing LLC</u>	<u>\$65,715</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$131,430</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$131,430</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Parker Jewish Institute for Health Care and Rehabilitation</u>	<u>\$907,784</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,815,569</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,815,569</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Pelham Parkway Nursing and Rehabilitation Facility</u>	<u>\$451,766</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$903,533</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$903,533</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Peninsula Nursing and Rehabilitation Center</u>	<u>\$429,082</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$858,163</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$858,163</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Providence Rest</u>	<u>\$331,793</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$663,587</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$663,587</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Putnam Nursing & Rehabilitation Center</u>	<u>\$215,661</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$431,322</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$431,322</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Regal Heights Rehabilitation and Health Care Center</u>	<u>\$538,566</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,077,132</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,077,132</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Rego Park Nursing Home</u>	<u>\$369,604</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$739,208</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$739,208</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Resort Nursing Home</u>	<u>\$500,123</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,000,247</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,000,247</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Rockaway Care Center</u>	<u>\$470,692</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$941,384</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$941,384</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Ross Center for Nursing and Rehabilitation</u>	<u>\$242,778</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$485,556</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$485,556</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Rutland Nursing Home Co Inc</u>	<u>\$1,098,905</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,197,811</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,197,811</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Saint Mary's Episcopal Center</u>	<u>\$97,715</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$195,431</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$195,431</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Saints Joachim & Anne Nursing and Rehabilitation Center</u>	<u>\$346,697</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$693,395</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$693,395</u>	<u>04/01/2024 – 03/31/2025</u>
<u>San Simeon by the Sound Center for Nursing and Rehabilitation & Adult Day Health Care</u>	<u>\$181,191</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$362,382</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$362,382</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sands Point Center For Health And Rehabilitation</u>	<u>\$263,714</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$527,429</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$527,429</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Schervier Nursing Care Center</u>	<u>\$737,640</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,475,280</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,475,280</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Schulman and Schachne Institute for Nursing and Rehabilitation</u>	<u>\$999,335</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,998,671</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,998,671</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sea Crest Nursing and Rehabilitation Center</u>	<u>\$483,085</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$966,170</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$966,170</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Shore View Nursing & Rehabilitation Center</u>	<u>\$478,538</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$957,077</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$957,077</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Silver Lake Specialized Rehabilitation and Care Center</u>	<u>\$491,317</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$982,634</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$982,634</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Silvercrest</u>	<u>\$675,290</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,350,580</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,350,580</u>	<u>04/01/2024 – 03/31/2025</u>
<u>South Shore Rehabilitation and Nursing Center</u>	<u>\$127,475</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$254,950</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$254,950</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Split Rock Rehabilitation and Health Care Center</u>	<u>\$589,681</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,179,361</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,179,361</u>	<u>04/01/2024 – 03/31/2025</u>
<u>St Cabrini Nursing Home</u>	<u>\$605,012</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,210,024</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,210,024</u>	<u>04/01/2024 – 03/31/2025</u>
<u>St Patricks Home</u>	<u>\$462,551</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$925,102</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$925,102</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>St Vincent Depaul Residence</u>	<u>\$240,488</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$480,976</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$480,976</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sunharbor Manor</u>	<u>\$257,444</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$514,888</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$514,888</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sunrise Manor Center for Nursing and Rehabilitation</u>	<u>\$156,938</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$313,877</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$313,877</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sutton Park Center for Nursing and Rehabilitation</u>	<u>\$236,598</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$473,196</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$473,196</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Tarrytown Hall Care Center</u>	<u>\$203,539</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$407,078</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$407,078</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Terence Cardinal Cooke Health Care Ctr</u>	<u>\$1,311,391</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,622,781</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,622,781</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Citadel Rehab and Nursing Center at Kingsbridge</u>	<u>\$818,252</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,636,504</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,636,504</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Emerald Peek Rehabilitation and Nursing Center</u>	<u>\$158,711</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$317,423</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$317,423</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Five Towns Premier Rehabilitation & Nursing Center</u>	<u>\$442,673</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$885,346</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$885,346</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The New Jewish Home, Manhattan</u>	<u>\$1,019,583</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,039,166</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,039,166</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>The New Jewish Home, Sarah Neuman</u>	<u>\$587,161</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,174,322</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,174,322</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Phoenix Rehabilitation and Nursing Center</u>	<u>\$710,187</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,420,374</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,420,374</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Plaza Rehab and Nursing Center</u>	<u>\$1,578,142</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$3,156,283</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$3,156,283</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Wartburg Home</u>	<u>\$245,708</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$491,416</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$491,416</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Willows at Ramapo Rehabilitation and Nursing Center</u>	<u>\$328,773</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$657,546</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$657,546</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Tolstoy Foundation Nursing Home Co Inc</u>	<u>\$152,704</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$305,407</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$305,407</u>	<u>04/01/2024 – 03/31/2025</u>
<u>United Hebrew Geriatric Center</u>	<u>\$579,380</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,158,761</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,158,761</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Upper East Side Rehabilitation and Nursing Center</u>	<u>\$601,367</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,202,735</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,202,735</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Verrazano Nursing Home</u>	<u>\$252,881</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$505,762</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$505,762</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Villagecare Rehabilitation and Nursing Center</u>	<u>\$26,042</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$52,083</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$52,083</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(4)(A) Nursing Facility Services

Nursing Homes (continued)

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Waterview Nursing Care Center</u>	<u>\$410,057</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$820,115</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$820,115</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wayne Center For Nursing and Rehabilitation</u>	<u>\$564,230</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,128,459</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,128,459</u>	<u>04/01/2024 – 03/31/2025</u>
<u>White Oaks Rehabilitation and Nursing Center</u>	<u>\$293,868</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$587,736</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$587,736</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wingate at Beacon</u>	<u>\$184,892</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$369,785</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$369,785</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wingate of Dutchess</u>	<u>\$221,841</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$443,682</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$443,682</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wingate of Ulster</u>	<u>\$134,311</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$268,622</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$268,622</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Workmens Circle Multicare Center</u>	<u>\$961,730</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,923,461</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,923,461</u>	<u>04/01/2024 – 03/31/2025</u>

TN #22-0084

Approval Date _____

Supersedes TN #NEW

Effective Date October 1, 2022

New York
110(d)(29.1)

1905(a)(4)(A) Nursing Facility Services

Nursing Home Advanced Training Incentive Payments (cont'd)

Excluded Facilities are:

- Hospital based nursing facilities; and
- Nursing Facilities that have been approved to receive Vital Access Provider (VAP) payments during the same state fiscal year the incentive payment is available.
 - However, facilities that are receiving VAP funds only through Attachment 4.19-D, "Temporary Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Nursing Homes Workforce" would be eligible for the Nursing Home Advanced Training Incentive payments.

Calculation Statewide Median and Staff Retention Percentage: Data from Schedule P (Staff Turnover) of the most recently filed Cost Report will be used to measure staff turnover and retention rates for direct care staff. The cost report two years prior to the payment year, ~~shall~~ will be used for this calculation. The staff retention percentage will be equal to the number of employees retained as of December 31, who were employed on January 1 of the same year by the number of staff as of January 1 of that year.

(# of Employees Retained as of December 31, 20XX, who were Employed on January 1, 20XX) =
Staff Retention % divided by (# of Staff as of January 1, 20XX)

XX =cost report two years prior to the payment year.

A statewide staff retention median was derived by sorting the provider percentages from high to low and selecting the percentage in the middle of the range.

Restorative (Intensive) Care in a Nursing Home

Effective December 1, 2016 NYSDOH will implement a Restorative Care Unit Program to reduce hospital admissions and readmissions from residential health care facilities through the establishment of restorative care units. These restorative care units will provide higher-intensity treatment services to residents who are at risk of hospitalization upon an acute change in condition and seeks to improve the capacity of nursing facilities to identify and treat higher acuity patients with multiple co-morbidities as effectively as possible in place, rather than through admission to an acute care facility. Eligible facilities are required to institute new programs through which residents normally transported to hospital will be cared for in the nursing facility through the use of more intensive nursing home units.

The targeted population receiving restorative care unit services are participating in the restorative care program, post hospital admission and have an overall goal of discharging to the community.

Rate payments will be provided, semi-annually, to eligible residential health care facilities which meet the criteria of providing intensive treatments to nursing home residents in the facility and thereby avoid hospitalization. The rate adjustment is intended to:

TN #22-0084
Supersedes TN #20-0030

Approval Date _____
Effective Date October 1, 2022

Appendix II
2022 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #22-0084

This State Plan Amendment proposes to institute a Nursing Home Vital Access Provider Workforce program to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care, effective on or after October 1, 2022.

Appendix III
2022 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

SPA 22-0084

Public Health

§ 2826. Temporary adjustment to reimbursement rates. (a) Notwithstanding any provision of law to the contrary, within funds appropriated and subject to the availability of federal financial participation, the commissioner may grant approval of a temporary adjustment to the non-capital components of rates, or make temporary lump-sum Medicaid payments, to eligible general hospitals, skilled nursing facilities, clinics and home care providers, provided however, that should federal financial participation not be available for any eligible provider, then payments pursuant to this subdivision may be made as grants and shall not be deemed to be medical assistance payments.

(b) Eligible providers shall include:

- (i) providers undergoing closure;
- (ii) providers impacted by the closure of other health care providers;
- (iii) providers subject to mergers, acquisitions, consolidations or restructuring; or
- (iv) providers impacted by the merger, acquisition, consolidation or restructuring of other health care providers.

(c) Providers seeking temporary rate adjustments under this section shall demonstrate through submission of a written proposal to the commissioner that the additional resources provided by a temporary rate adjustment will achieve one or more of the following:

- (i) protect or enhance access to care;
- (ii) protect or enhance quality of care;
- (iii) improve the cost effectiveness of the delivery of health care services; or
- (iv) otherwise protect or enhance the health care delivery system, as determined by the commissioner.

(c-1) The commissioner, under applications submitted to the department pursuant to subdivision (d) of this section, shall consider criteria that includes, but is not limited to:

- (i) Such applicant's financial condition as evidenced by operating margins, negative fund balance or negative equity position;
- (ii) The extent to which such applicant fulfills or will fulfill an unmet health care need for acute inpatient, outpatient, primary or residential health care services in a community;
- (iii) The extent to which such application will involve savings to the Medicaid program;
- (iv) The quality of the application as evidenced by such application's long term solutions for such applicant to achieve sustainable health care services, improving the quality of patient care, and/or transforming the delivery of health care services to meet community needs;
- (v) The extent to which such applicant is geographically isolated in relation to other providers; or
- (vi) The extent to which such applicant provides services to an underserved area in relation to other providers.

(d) (i) Such written proposal shall be submitted to the commissioner at least sixty days prior to the requested effective date of the temporary rate adjustment, and shall include a proposed budget to achieve the goals of the proposal. Any Medicaid payment issued pursuant to this section shall be in effect for a specified period of time as

determined by the commissioner, of up to three years. At the end of the specified timeframe such payments or adjustments to the non-capital component of rates shall cease, and the provider shall be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in applicable statutes and regulations. The commissioner may establish, as a condition of receiving such temporary rate adjustments or grants, benchmarks and goals to be achieved in conformity with the provider's written proposal as approved by the commissioner and may also require that the facility submit such periodic reports concerning the achievement of such benchmarks and goals as the commissioner deems necessary. Failure to achieve satisfactory progress, as determined by the commissioner, in accomplishing such benchmarks and goals shall be a basis for ending the facility's temporary rate adjustment or grant prior to the end of the specified timeframe. (ii) The commissioner may require that applications submitted pursuant to this section be submitted in response to and in accordance with a Request For Applications or a Request For Proposals issued by the commissioner.

(e) Notwithstanding any law to the contrary, general hospitals defined as critical access hospitals pursuant to title XVIII of the federal social security act shall be allocated no less than seven million five hundred thousand dollars annually pursuant to this section. The department of health shall provide a report to the governor and legislature no later than June first, two thousand fifteen providing recommendations on how to ensure the financial stability of, and preserve patient access to, critical access hospitals, including an examination of permanent Medicaid rate methodology changes.

(e-1) Thirty days prior to executing an allocation or modification to an allocation made pursuant to this section, the commissioner shall provide written notice to the chair of the senate finance committee and the chair of the assembly ways and means committee with regards to the intent to distribute such funds. Such notice shall include, but not be limited to, information on the methodology used to distribute the funds, the facility specific allocations of the funds, any facility specific project descriptions or requirements for receiving such funds, the multi-year impacts of these allocations, and the availability of federal matching funds. The commissioner shall provide quarterly reports to the chair of the senate finance committee and the chair of the assembly ways and means committee on the distribution and disbursement of such funds. Within sixty days of the effectiveness of this subdivision, the commissioner shall provide a written report to the chair of the senate finance committee and the chair of the assembly ways and means committee on all awards made pursuant to this section prior to the effectiveness of this subdivision, including all information that is required to be included in the notice requirements of this subdivision.

(f) Notwithstanding any provision of law to the contrary, and subject to federal financial participation, no less than ten million dollars shall be allocated to providers described in this subdivision; provided, however that if federal financial participation is unavailable for any eligible provider, or for any potential investment under this subdivision then the non-federal share of payments pursuant to this subdivision may be made as state grants.

(i) Providers serving rural areas as such term is defined in section two thousand nine hundred fifty-one of this chapter, including but not limited to hospitals, residential health care facilities, diagnostic and treatment centers, ambulatory surgery centers and clinics shall be eligible for enhanced payments or reimbursement under a supplemental rate methodology for the purpose of promoting access and improving the

quality of care.

(ii) Notwithstanding any provision of law to the contrary, and subject to federal financial participation, essential community providers, which, for the purposes of this section, shall mean a provider that offers health services within a defined and isolated geographic region where such services would otherwise be unavailable to the population of such region, shall be eligible for enhanced payments or reimbursement under a supplemental rate methodology for the purpose of promoting access and improving quality of care. Eligible providers under this paragraph may include, but are not limited to, hospitals, residential health care facilities, diagnostic and treatment centers, ambulatory surgery centers and clinics.

(iii) In making such payments the commissioner may contemplate the extent to which any such provider receives assistance under subdivision (a) of this section and may require such provider to submit a written proposal demonstrating that the need for monies under this subdivision exceeds monies otherwise distributed pursuant to this section.

(iv) Payments under this subdivision may include, but not be limited to, temporary rate adjustments, lump sum Medicaid payments, supplemental rate methodologies and any other payments as determined by the commissioner.

(v) Payments under this subdivision shall be subject to approval by the director of the budget.

(vi) The commissioner may promulgate regulations to effectuate the provisions of this subdivision.

(vii) Thirty days prior to adopting or applying a methodology or procedure for making an allocation or modification to an allocation made pursuant to this subdivision, the commissioner shall provide written notice to the chairs of the senate finance committee, the assembly ways and means committee, and the senate and assembly health committees with regard to the intent to adopt or apply the methodology or procedure, including a detailed explanation of the methodology or procedure.

(viii) Thirty days prior to executing an allocation or modification to an allocation made pursuant to this subdivision, the commissioner shall provide written notice to the chairs of the senate finance committee, the assembly ways and means committee, and the senate and assembly health committees with regard to the intent to distribute such funds. Such notice shall include, but not be limited to, information on the methodology used to distribute the funds, the facility specific allocations of the funds, any facility specific project descriptions or requirements for receiving such funds, the multi-year impacts of these allocations, and the availability of federal matching funds. The commissioner shall provide quarterly reports to the chair of the senate finance committee and the chair of the assembly ways and means committee on the distribution and disbursement of such funds.

(g) Notwithstanding subdivision (a) of this section, and within amounts appropriated for such purposes as described herein, for the period of April first, two thousand twenty-two through March thirty-first, two thousand twenty-three, the commissioner may award a temporary adjustment to the non-capital components of rates, or make temporary lump-sum Medicaid payments to eligible facilities in severe financial distress to enable such facilities to maintain operations and vital services while such facilities establish long term solutions to achieve sustainable health services. Provided, however, the commissioner is authorized to make such a temporary adjustment or make such temporary lump sum payment only pursuant to criteria, an evaluation process, and transformation plan acceptable to the commissioner in consultation with

the director of the division of the budget. The department shall publish on its website the criteria, evaluation process and guidance for transformation plans and notification of any award recipients.

(i) Eligible facilities shall include:

(A) a public hospital, which for purposes of this subdivision, shall mean a general hospital operated by a county or municipality, but shall exclude any such hospital operated by a public benefit corporation;

(B) a federally designated critical access hospital;

(C) a federally designated sole community hospital;

(D) a residential health care facility;

(E) a general hospital that is a safety net hospital, which for purpose of this subdivision shall mean:

(1) such hospital has at least thirty percent of its inpatient discharges made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually eligible individuals and with at least thirty-five percent of its outpatient visits made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or

(2) such hospital serves at least thirty percent of the residents of a county or a multi-county area who are Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or

(F) an independent practice association or accountable care organization authorized under applicable regulations that participate in managed care provider network arrangements with any of the provider types in subparagraphs (A) through (F) of this paragraph.

(ii) Eligible applicants must demonstrate that without such award, they will be in severe financial distress through March thirty-first, two thousand sixteen, as evidenced by:

(A) certification that such applicant has less than fifteen days cash and equivalents;

(B) such applicant has no assets that can be monetized other than those vital to operations; and

(C) such applicant has exhausted all efforts to obtain resources from corporate parents and affiliated entities to sustain operations.

(iii) Awards under this subdivision shall be made upon application to the department.

(A) Applications under this subdivision shall include a multi-year transformation plan that is aligned with the delivery system reform incentive payment ("DSRIP") program goals and objectives. Such plan shall be approved by the department and shall demonstrate a path towards long term sustainability and improved patient care.

(B) The department may authorize initial award payments to eligible applicants based solely on the criteria pursuant to paragraphs (i) and (ii) of this subdivision.

(C) Notwithstanding subparagraph (B) of this paragraph, the department may suspend or repeal an award if an eligible applicant fails to submit a multi-year transformation plan pursuant to subparagraph (A) of this paragraph that is acceptable to the department by no later than the thirtieth day of September two thousand fifteen.

(D) Applicants under this subdivision shall detail the extent to which the affected community has been engaged and consulted on potential projects of such application, as well as any outreach to stakeholders and health plans.

(E) The department shall review all applications under this subdivision, and determine:

(1) applicant eligibility;

(2) each applicant's projected financial status;

(3) each applicant's proposed use of funds to maintain critical services needed by its community; and

(4) the anticipated impact of the loss of such services.

(F) After review of all applications under this subdivision, and a determination of the aggregate amount of requested funds, the department shall make awards to eligible applicants; provided, however, that such awards may be in an amount lower than such requested funding, on a per applicant or aggregate basis.

(iv) Awards under this subdivision may not be used for:

(A) capital expenditures, including, but not limited to: construction, renovation and acquisition of capital equipment, including major medical equipment;

(B) consultant fees;

(C) retirement of long term debt; or

(D) bankruptcy-related costs.

(v) Payments made to awardees pursuant to this subdivision shall be made on a monthly basis. Such payments will be based on the applicant's actual monthly financial performance during such period and the reasonable cash amount necessary to sustain operations for the following month. The applicant's monthly financial performance shall be measured by such applicant's monthly financial and activity reports, which shall include, but not be limited to, actual revenue and expenses for the prior month, projected cash need for the current month, and projected cash need for the following month.

(vi) The department shall provide a report on a quarterly basis to the chairs of the senate finance, assembly ways and means, senate health and assembly health committees. Such reports shall be submitted no later than sixty days after the close of the quarter, and shall include for each award, the name of the applicant, the amount of the award, payments to date, and a description of the status of the multi-year transformation plan pursuant to paragraph (iii) of this subdivision.

Appendix IV
2022 Title XIX State Plan
Fourth Quarter Amendment
Public Notice

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Non-Institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the June 29, 2022, noticed provision for Home Care Wage increase.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$41.3 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care Services

Effective on or after October 1, 2022, a Nursing Home Vital Access Provider program shall be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$85 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services consistent with New York State Mental Hygiene Laws § 7.15 and § 43.02. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2022, the New York State Office of Mental Health will amend the New York Medicaid State Plan for rehabilitation services provided in Community Residence (CR) programs. The amendments are intended to codify and comprehensively describe existing service coverage, eligibility and reimbursement standards.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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95 Central Avenue, St. George
Staten Island, New York 10301

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department’s website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department’s website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services in accordance with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

There is no estimated change to annual gross Medicaid expenditures as a result of this proposed amendment.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department’s website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

Appendix V
2022 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

LONG-TERM SERVICES
State Plan Amendment #22-0084

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-D of the state plan.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

Response: Providers (except for OPWDD's ICF/DD) receive and retain 100 percent of the total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

OPWDD's ICF/DD facilities are subject to a 5.5% Medicaid-reimbursable tax on gross receipts that are not kept by the provider but remitted to the state general fund for both voluntary and State-operated ICF/DDs. This assessment is authorized by Public Law 102-234, Section 43.04 of the New York State Mental Hygiene Law, Federal Medicaid regulations at 42 CFR 433.68. OPWDD recoups the assessment from the ICF/DD Medicaid payment before the payment is sent to the voluntary provider. For State operated ICF/DDs, the legislature appropriates an amount for payment of the assessment. Aside from the assessments, providers receive and retain all the Medicaid payments for ICF/DD services.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid**

payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response: The Non-Federal share Medicaid provider payment (normal per diem and supplemental) is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program or is funded by an IGT transferred from the counties.

Payment Type	Non-Federal Share Funding	4/1/22 – 3/31/23	
		Non-Federal	Gross
Nursing Homes Normal Per Diem	General Fund; Special Revenue Funds; County Contribution	\$3.215B	\$6.429B
Intermediate Care Facilities Normal Per Diem	General Fund; County Contribution	\$409M	\$818M
Nursing Homes Supplemental	General Fund	\$279M	\$558M
Intermediate Care Facilities Supplemental	General Fund	\$33M	\$65M
Nursing Homes UPL	IGT	\$148M	\$296M
Totals		\$4.083B	\$8.166B

A. **General Fund:** Revenue resources for the State's General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries and provider assessments). Medicaid expenditures from the State's General Fund are authorized from Department of Health Medicaid.

- 1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulations. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State's General Fund to offset Medicaid costs.

In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

- 2) Intermediate Care Facilities (ICF) Provider Service Assessment: Pursuant to New York State Mental Hygiene Law 43.04, a provider's gross receipts received on a cash basis for all services rendered at all ICFs is assessed at 5.5 percent. This assessment is deposited directly into the State's General Fund.

B. Special Revenue Funds:

Health Facility Cash Assessment Program (HFCAP) Fund: Pursuant to New York State Public Health Law 2807-d and Section 90 of Part H of Chapter 59 of the Laws of 2011, the total state assessment on each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for residential health care facilities, including adult day service, but excluding, gross receipts attributable to payments received pursuant to Title XVIII of the federal Social Security Act (Medicare), is 6.8 percent.

NOTE: New York's Health Care taxes are either broad based and uniform (as in all HFCAP assessments except for the Personal Care Provider Cash Assessment) or have a specific exemption known as the "D'Amato provision (Federal PHL section 105-33 4722 (c))" which allows the HCRA surcharges to exist in their current format. The single tax which has been determined by the State to be an impermissible provider tax is the HFCAP charge on Personal Care Providers. The State does not claim any Federal dollars for the surcharge collected in this manner in order to comply with all Federal provider tax rules.

C. Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State "capped" the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three percent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

Entity	Annual Amount
New York City	\$4.882B
Suffolk County	\$216M
Nassau County	\$213M
Westchester County	\$199M

Erie County	\$185M
Rest of State (53 Counties)	\$979M
Total	\$6.835B

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above. Each deposit received is reviewed and compared to the amount each county is responsible to contribute to the Medicaid program to verify the county funds received are eligible for Medicaid expenses.

D. IGT Funding:

New York State requests the transfer of the IGT amounts from entities prior to the release of payments to the providers. The entities transferring IGT amounts are all units of government, and the nonfederal share is derived from state or local tax revenue funded accounts only. The providers keep and retain Medicaid payments. Please note that entities have taxing authority, and the State does not provide appropriations to the entities for IGTs.

Provider	Entity Transferring IGT Funds	4/1/22-3/31/23 IGT Amount
A Holly Patterson Extended Care Facility	Nassau County	\$14M
Albany County Nursing Home	Albany County	\$5M
Chemung County Health Center	Chemung County	\$4M
Clinton County Nursing Home	Clinton County	\$2M
Coler Rehabilitation & Nursing Care Center	New York City	\$12M
Dr. Susan Smith Mckinney Nursing and Rehab Center	Kings County	\$7M
Glendale Home	Schenectady County	\$5M
Henry J. Carter Nursing Home	New York City	\$5M
Lewis County General Hospital-Nursing Home Unit	Lewis County	\$4M
Livingston County Center for Nursing and Rehabilitation	Livingston County	\$7M
Monroe Community Hospital-Nursing Home Unit	Monroe County	\$16M
New Gouverneur Hospital-Nursing Home Unit	New York City	\$5M
Sea View Hospital Rehabilitation Center and Home	Richmond County	\$8M
Sullivan County Adult Care Center	Sullivan County	\$2M
Terrace View Long Term Care	Erie County	\$11M
The Pines Healthcare & Rehab Centers Machias Camp	Cattaraugus County	\$3M
The Pines Healthcare & Rehab Centers Olean Camp	Cattaraugus County	\$3M
The Valley View Center for Nursing Care and Rehab	Orange County	\$11M
Van Rensselaer Manor	Rensselaer County	\$10M

Wayne County Nursing Home	Wayne County	\$4M
Willow Point Rehabilitation & Nursing Center	Broome County	\$6M
Wyoming County Community Hospital-NH Unit	Wyoming County	\$4M
Total		\$148M

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

Response: Below is a list of nursing home and ICF supplemental payments:

Payment Type	Private	State Government	Non-State Government	4/1/22-3/31/23 Gross Total
Nursing Home Reforms	\$187M	\$0	\$0	\$187M
2% Supplemental Payment	\$130M	\$1M	\$9M	\$140M
1.5% ATB Restoration	\$88M	\$0.6M	\$5M	\$94M
Workforce Vital Access Program	\$51M	\$0	\$0	\$51M
Advanced Training Initiative	\$43M	\$0	\$3M	\$46M
Cinergy	\$30M	\$0	\$0	\$30M
Vital Access Program	\$7M	\$0	\$0	\$7M
Bridgeview Settlement	\$2M	\$0	\$0	\$2M
Nursing Home Quality Pool	(\$1.2M)	\$0.4M	\$0.8M	\$0
Nursing Home UPL	\$0	\$0	\$295M	\$295M
ICF Worker Bonus	\$65M	\$0	\$0	\$65M
Total	\$603M	\$2M	\$313M	\$918M

The Medicaid payments authorized under this State Plan Amendment are supplemental payments and total \$51 million for State Fiscal Year 2022-23.

4. **Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

Response: The nursing home UPL calculation is a payment-to-payment calculation for state government and private facilities. Non-state Governmental facilities undergo a payment-to-cost calculation. The Medicaid payments under this State Plan Amendment were

not included in the 2022 nursing home UPL submitted to CMS on July 7, 2022. The State will amend this in the future.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

ACA Assurances:

- 1. Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

MOE Period.

- **Begins on: March 10, 2010, and**
- **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential

violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

- 3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

Response: The State complies with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.