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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



## **Financial Management Group**

May 18, 2021

Ms. Teresa D. Miller, Secretary Commonwealth of Pennsylvania Department of Human Services Office of Long Term Living/Forum Place 6<sup>th</sup> Floor PO Box 8025 Harrisburg, PA 17105-8025

RE: State Plan Amendment (SPA) 21-0008

Dear Ms. Miller:

We have reviewed the referenced amendment to Attachment 4.19-D of your Medicaid State Plan. This amendment continues Pennsylvania's authority to make supplemental payments to qualifying nonpublic nursing facilities in a county of the eighth class.

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 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective February 28, 2021. The CMS-179 and amended plan pages are enclosed.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

For Rory Howe Acting Director

Enclosures

ENTERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	21-0008	Pennsylvania
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2021 February 28, 2021	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSI	DERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		endment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0	
42 CFR 447.250	b. FFY 2021 \$7,019,	231
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19D, Part I, page 12k1	Attachment 4.19D, Part I, page 12kl	
10. SUBJECT OF AMENDMENT: Fiscal Year 2020-2021 supplementation located in a county of the eighth class.	on payment for Medical Assistance nonpul	blic nursing facilities
11. GOVERNOR'S REVIEW (Check One)		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT		D:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
	PA Department of Human Services	
13. TYPED NAME	Office of Long-Term Living/Forum Place 6th Floor	
Teresa D. Miller	Attention: Bureau of Policy Development and Communications Management P.O. Box 8025 Harrisburg, Pennsylvania 17105-8025	
14. TITLE		
Secretary of Human Services		
15. DATE SUBMITTED MAR 31 2021		
FOR REGIONAL OF		
17. DATE RECEIVED	18. DATE APPROVED	
March 31, 2021 PLAN APPROVED – ON	5/18/21	
19. EFFECTIVE DATE OF APPROVED MATERIAL		161
	20. SIGNATURE OF REGIONAL OFFICE	For
February 28, 2021 21, TYPED NAME	22 111 5	
	22. TITLE	
Rory Howe	Acting Director, Financial Manage	ement Group
23. REMARKS		

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## STATE: COMMONWEALTH OF PENNSYLVANIA

7b. Supplementation Payment for Nonpublic Nursing Facilities in a County of the Eighth Class

The Department will make a nonpublic nursing facility supplementation payment in fiscal year 2019-2020 to qualified nonpublic nursing facilities located in a county of the eighth class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the eighth class, have more than 119 beds, and a Medicaid acuity of 1.08 as of August 1, 2018. The number of beds will be the number of licensed beds as of August 1, 2018 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2018 Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements).

7c. Supplementation Payment for Nonpublic Nursing Facilities in a County of the Eighth Class

The Department will make a nonpublic nursing facility supplementation payment in fiscal year 2020-2021 to qualified nonpublic nursing facilities located in a county of the eighth class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the eighth class, have more than 119 beds, and a Medicaid acuity of 1.09 as of August 1, 2019. The number of beds will be the number of licensed beds as of August 1, 2019 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2019 Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements).

A nonpublic nursing facility's supplementation payment is calculated by multiplying the supplementation per diem by the number of paid MA facility and therapeutic leave days for the prior fiscal year. The supplementation per diem will be calculated by dividing the total funds available by the total number of paid MA facility and therapeutic leave days for the prior fiscal year for qualifying facilities.

The state funds allocated for nonpublic nursing facilities for a FY is as follows:

FY 2019-2020 is \$5,000,000 FY 2020-2021 is \$5,000,000