

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0009

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

June 4, 2021

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

RE: State Plan Amendment (SPA) 21-0009

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 nursing facilities providing ventilator and tracheostomy care.

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,

A solid black rectangular box redacting the signature of the sender.

For

Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER 21-0009	2. STATE Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2021 February 28, 2021	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.250	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 1,052,885
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19D, Part I, page 12n Attachment 4.19D, Part Ia, page 5d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19D, Part I, page 12n Attachment 4.19D, Part Ia, page 5d

10. SUBJECT OF AMENDMENT: Supplemental ventilator care and tracheostomy care add-on payment to qualified nonpublic and county nursing facilities in Fiscal Year 2020-2021.

11. GOVERNOR'S REVIEW (Check One)


- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPED NAME Teresa D. Miller	16. RETURN TO PA Department of Human Services Office of Long-Term Living/Forum Place 6 th Floor 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 OFFICE USE ONLY

17. DATE RECEIVED March 31, 2021	18. DATE APPROVED 6/4/21
-------------------------------------	-----------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL February 28, 2021	20. SIGNATURE OF REGIONAL OFFICIAL  For
21. TYPED NAME Rory Howe	22. TITLE Acting Director, Financial Management Group

23. REMARKS

April 26: agreement to P&I Block 4 effective date

10. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

The Department will make payments in fiscal years (FYs) 2016-2017, 2017-2018, 2018-2019, 2019-2020 and 2020-2021 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of Medical Assistance residents who required medically necessary ventilator care or tracheostomy care greater than 90 percent using the quarterly payment files located on the Department's website.

The Department will calculate each qualified nursing facility's add-on payment by dividing the total funds for the supplemental ventilator care and tracheostomy care payment by the number of qualified nursing facilities.

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

FY 2017-2018 is \$750,000.

FY 2018-2019 is \$1,500,000.

FY 2019-2020 is \$750,000.

FY 2020-2021 is \$750,000.

6. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

The Department will make payments in fiscal years (FYs) 2016-2017, 2017-2018, 2018-2019, 2019-2020 and 2020-2021 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of Medical Assistance residents who required medically necessary ventilator care or tracheostomy care greater than 90 percent using the quarterly payment files located on the Department's website.

The Department will calculate each qualified nursing facility's add-on payment by dividing the total funds for the supplemental ventilator care and tracheostomy care payment by the number of qualified nursing facilities.

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

FY 2017-2018 is \$750,000.

FY 2018-2019 is \$1,500,000.

FY 2019-2020 is \$750,000.

FY 2020-2021 is \$750,000.