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



## Center for Medicaid & CHIP Services

FEB 25 2013

Mr. Gary Alexander, Secretary
Commonwealth of Pennsylvania
Department of Public Welfare/Department of Aging
Office of Long-Term Living
555 Walnut Street
Forum Place, 5<sup>th</sup> Floor
Harrisburg, PA 17101-1919

RE: State Plan Amendment 12-031

Dear Mr. Alexander:

We have completed our review of State Plan Amendment (SPA) 12-031. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, 12-031 amends the methodology for setting rates for county nursing facilities that privatize after November 1, 2012.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 12-031 effective November 1, 2012. We are enclosing the HCFA-179 and the amended plan pages.

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

Sincerely,

Cindy Mann
Director
Center for Medicaid & CHIP Services

**Enclosures** 

cc: Randy Sipes Judy Patrick

Fran McCullough, ARA, RO3 bcc:

Dan Robison, FMB RO3 Harry Mirach, POB RO3 Mary McKeon, PA State Lead Andrew Badaracco, CO NIRT

Kathy Walch, CO NIRT Official NIRT File

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-031	2. STATE Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT: a. FFY 2013 b. FFY 2014	\$0 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19D Part I, Page 8b	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) 4.19D Part I, Page 8b	SEDED PLAN SECTION
10. SUBJECT OF AMENDMENT: Rate setting for county nursing facilities that privatiz  11. 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 SPEC	CIFIED:
12. SIGNATURE OF PATE AGENCY OFFICIAL:  13. TYPED NAME:	16. RETURN TO:  Commonwealth of Pennsylvania	
Gary D. Alexander  14. TITLE:  Secretary of Public Welfare	Department of Public Welfare/Departm Office of Long-Term Living 555 Walnut Street Forum Place, 5th Floor	nent of Aging
15. DATE SUBMITTED: 0FC \$1 2012 DEC \$1 2013	TT '1 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
17. DATE RECEIVED:  PLAN APPROVED - ON	18. DATE APPROVED: FEB <b>2 5 2013</b>	
19. EFFECTIVE DATE OF APPROVED MACKETAL 2012	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: PENNY THOMPSON 23. REMARKS:	DEP- DIRECTOR, CMI	2
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: COMMONWEALTH OF PENNSYLVANIA

ATTACHMENT 4.19D PART I Page 8b

(e) In accordance with § 1187.97, if a county nursing facility becomes a nursing facility between July 1, 2006 and June 30, 2012, the per diem rate for the nursing facility will be computed in accordance with § 1187.96, using the data contained in the NIS database. If a county nursing facility becomes a nursing facility November 1, 2012 and thereafter, the per diem rate for the nursing facility will be computed in accordance with § 1187.96, using the peer group price for resident care, other resident related and administrative costs from the appropriate peer group until there is at least one nursing facility cost report submitted from the new provider in the NIS database audited for use in the rebasing process. The fixed property component will be the only component of the capital portion of the per diem rate until there is a least one nursing facility cost report submitted from the new provider in the NIS database audited for use in the rebasing process, and will be computed in accordance with § 1187.96(d)(1).

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## C. Cost Finding

All nursing facilities participating in the Medical Assistance Program shall use the direct allocation method of cost finding. Under this method of cost finding, costs are apportioned directly to the nursing facility and residential or other facility based on the appropriate financial and statistical data.

## D. Cost Reporting and Audit Requirements

All nursing facilities participating in the MA Program shall report allowable costs and the results of the cost finding process on forms specified by the Department. Allowable costs are classified in four cost centers: resident care; other resident related; administrative and capital. Net operating costs include resident care, other resident related and administrative. All records are subject to verification and audit. The financial and statistical records of all nursing facilities are audited periodically by the Department.

TN	<u>12-031</u>
Sup	ersedes
TN	09-014

FEB 2 5 2013

Approval Date: \_\_\_\_\_ Effective Date: 11-01-12