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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-018

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



AUG 19 2014

Ms. Beverly D. Mackereth, Secretary
Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
PO Box 8046
Harrisburg, PA 17105

RE: State Plan Amendment 14-018

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 14-018. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment sunsets the current supplemental ventilator care payments to nursing facilities and replaces them with ventilator care and tracheostomy care supplemental payments to providers that care for higher percentages of ventilator or tracheostomy dependent Medicaid patients.

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 14-018 effective July 1, 2014. 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,

/s/

Cindy Mann
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-018

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
July 1, 2014

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 2014 \$ 976,756
b. FFY 2015 \$2,054,853

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19D Part I, Pages 12d, 12e1 and 12e2
4.19D Part Ia, Pages 5a, 5b1 and 5b2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
4.19D Part I, Pages 12d
4.19D Part Ia, Pages 5a

10. SUBJECT OF AMENDMENT:

Supplemental Ventilator Care and Tracheostomy Care Payment for Medical Assistance Nonpublic and County Nursing Facilities.

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 SPECIFIED:
Review and approval authority has been
delegated to the Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:

Beverly D. Mackereth

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

MAY 30 2014

16. RETURN TO:

PA Department of Public Welfare
Office of Long-Term Living/Forum Place 6th Fl.
Attention: Bureau of Policy and Regulatory Management
P.O. Box 8025
Harrisburg, Pennsylvania 17105-8025

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

AUG 19 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME

Penny Thompson

22. TITLE:

Deputy Director, Policy & Financial Mgt. CMCS

23. REMARKS:

3. Supplemental Ventilator Care Payments for Nonpublic Nursing Facilities

(a) The Department will pay a supplemental ventilator care payment each calendar quarter, beginning July 1, 2012 through June 30, 2014, to nursing facilities subject to the following:

(i) To qualify for the supplemental payment, the facility must first satisfy both of the following threshold criteria on the given Picture Date:

- a. the facility must have, at least, ten MA-recipient residents who receive necessary ventilator care; and
- b. the facility must have, at least, ten percent (10%) of their MA-recipient resident population receiving necessary ventilator care.

For example, a nursing facility with 120 MA-recipient residents must have at least 12 MA-recipient residents who require necessary ventilator care. Whereas, a facility with only 60 MA-recipient residents must have at least 10 MA-recipients who receive necessary ventilator care.

(ii) For purposes of subsection (a)(i), the percentage of the nursing facility's MA-recipient residents who receive necessary ventilator care will be calculated by dividing the total number of MA-recipient residents who receive necessary ventilator care by the total number of MA-recipient residents, and the result will be rounded to two percentage decimal points.

(iii) To qualify as a MA-recipient resident who receives necessary ventilator care, the resident shall be listed as an MA resident and have a positive response for the MDS item for ventilator use on the Federally-approved, PA-specific MDS assessment listed on the nursing facility's CMI Report for the given Picture Date.

(iv) The number of total MA-recipient residents is the number of MA-recipient residents listed on the nursing facility's CMI Report for the given Picture Date.

(v) The applicable Picture Dates and the schedule for authorization of any associated quarterly supplemental ventilator care payment are as follows:

<u>Picture Date</u>	<u>Supplemental Ventilator Care Payment</u>
February 1	September
May 1	December
August 1	March
November 1	June

3a. Supplemental Ventilator Care and Tracheostomy Care Payment for Nonpublic Nursing Facilities

(a) The Department will pay a supplemental ventilator care and tracheostomy care payment each calendar quarter, beginning July 1, 2014, to nursing facilities subject to the following:

(i) To qualify for the supplemental payment, the facility must first satisfy both of the following threshold criteria on the given Picture Date:

- a. the facility must have, at least, ten MA-recipient residents who receive necessary ventilator care or tracheostomy care; and
- b. the facility must have, at least, ten percent (10%) of their MA-recipient resident population receiving necessary ventilator care or tracheostomy care.

For example, a nursing facility with 120 MA-recipient residents must have at least 12 MA-recipient residents who require necessary ventilator care or tracheostomy care. Whereas, a facility with only 60 MA-recipient residents must have at least 10 MA-recipients who receive necessary ventilator care or tracheostomy care.

(ii) For purposes of subsection (a)(i), the percentage of the nursing facility's MA-recipient residents who receive necessary ventilator care or tracheostomy care will be calculated by dividing the total number of MA-recipient residents who receive necessary ventilator care or tracheostomy care by the total number of MA-recipient residents as described in subparagraph (iv), and the result will be rounded to two percentage decimal points. (For example, .0945 will be rounded to .09 (or 9%); .1262 will be rounded to .13 (or 13%)).

(iii) To qualify as a MA-recipient resident who receives necessary ventilator care or tracheostomy care, the resident shall be listed as an MA resident and have a positive response for the MDS item for ventilator use or tracheostomy care on the Federally-approved, PA-specific MDS assessment listed on the nursing facility's CMI Report for the given Picture Date.

(iv) The number of total MA-recipient residents is the number of MA-recipient residents listed on the nursing facility's CMI Report for the given Picture Date. MA-pending individuals or those individuals found to be MA eligible after the nursing facility submits a valid CMI report for the picture date as provided under § 1187.33(a)(5) (relating to resident data and picture date reporting requirements) shall not be included in the count and shall not result in an adjustment of the percent of ventilator dependent or tracheostomy care MA residents.

(v) The applicable Picture Dates and the schedule for authorization of any associated quarterly supplemental ventilator care and tracheostomy care payment are as follows:

<u>Picture Date</u>	<u>Supplemental Ventilator Care and Tracheostomy Care Payment</u>
February 1	September
May 1	December
August 1	March
November 1	June

(vi) If a nursing facility fails to submit a valid CMI Report for the picture date in the time frame outlined in § 1187.33(a)(5), the facility cannot qualify for a supplemental ventilator care and tracheostomy care payment.

(b) A nursing facility's supplemental ventilator care and tracheostomy care payment is calculated as follows:

(i) The supplemental ventilator care and tracheostomy care per diem shall equal ((number of MA-recipient residents who receive necessary ventilator care or tracheostomy care/total MA-recipient residents) x \$69) x (the number of MA-recipient residents who receive necessary ventilator care or tracheostomy care/total MA-recipient residents).

(ii) The amount of total supplemental ventilator care and tracheostomy care payment shall equal the supplemental ventilator care and tracheostomy care per diem multiplied by the number of paid MA facility and therapeutic leave days.

(iii) If the Department grants a waiver to the 180-day billing requirement, the MA-paid days that may be billed pursuant to the waiver and after the authorization date of the waiver will not be included in the calculation of the supplemental ventilator care and tracheostomy care payment, and the Department will not retroactively revise the payment amount.

(iv) The paid MA facility and therapeutic leave days used to calculate a qualifying facility's supplemental ventilator care and tracheostomy care payment as described above will be obtained from the calendar quarter that contains the picture date used in the qualifying criteria as described in subsection (a).

(c) These payments will be made quarterly in each month listed in subsection (a).

4. Supplemental Ventilator Care Payments for County Nursing Facilities

(a) The Department will pay a supplemental ventilator care payment each calendar quarter, beginning July 1, 2012 through June 30, 2014, to county nursing facilities subject to the following:

(i) To qualify for the supplemental payment, the county nursing facility must first satisfy both of the following threshold criteria on the given Picture Date:

- a. the facility must have, at least, ten MA-recipient residents who receive necessary ventilator care; and
- b. the facility must have, at least, ten percent (10%) of their MA-recipient resident population receiving necessary ventilator care.

For example, a county nursing facility with 120 MA-recipient residents must have at least 12 MA-recipient residents who require necessary ventilator care. Whereas, a facility with only 60 MA-recipient residents must have at least 10 MA-recipients who receive necessary ventilator care.

(ii) For purposes of subsection (a)(i), the percentage of the county nursing facility's MA-recipient residents who receive necessary ventilator care will be calculated by dividing the total number of MA-recipient residents who receive necessary ventilator care by the total number of MA-recipient residents, and the result will be rounded to two percentage decimal points.

(iii) To qualify as a MA-recipient resident who receives necessary ventilator care, the resident shall be listed as an MA resident and have a positive response for the MDS item for ventilator use on the Federally-approved, PA-specific MDS assessment listed on the county nursing facility's CMI Report for the given Picture Date.

(iv) The number of total MA-recipient residents is the number of MA-recipient residents listed on the county nursing facility's CMI Report for the given Picture Date.

4a. Supplemental Ventilator Care and Tracheostomy Care Payment for County Nursing Facilities

(a) The Department will pay a supplemental ventilator care and tracheostomy care payment each calendar quarter, beginning July 1, 2014, to county nursing facilities subject to the following:

(i) To qualify for the supplemental payment, the county nursing facility must first satisfy both of the following threshold criteria on the given Picture Date:

- a. the facility must have, at least, ten MA-recipient residents who receive necessary ventilator care or tracheostomy care; and
- b. the facility must have, at least, ten percent (10%) of their MA-recipient resident population receiving necessary ventilator care or tracheostomy care.

For example, a county nursing facility with 120 MA-recipient residents must have at least 12 MA-recipient residents who require necessary ventilator care or tracheostomy care. Whereas, a facility with only 60 MA-recipient residents must have at least 10 MA-recipients who receive necessary ventilator care or tracheostomy care.

(ii) For purposes of subsection (a)(i), the percentage of the county nursing facility's MA-recipient residents who receive necessary ventilator care or tracheostomy care will be calculated by dividing the total number of MA-recipient residents who receive necessary ventilator care or tracheostomy care by the total number of MA-recipient residents as described in subparagraph (iv), and the result will be rounded to two percentage decimal points. (For example, .0945 will be rounded to .09 (or 9%); .1262 will be rounded to .13 (or 13%)).

(iii) To qualify as a MA-recipient resident who receives necessary ventilator care or tracheostomy care, the resident shall be listed as an MA resident and have a positive response for the MDS item for ventilator use or tracheostomy care on the Federally-approved, PA-specific MDS assessment listed on the county nursing facility's CMI Report for the given Picture Date.

(iv) The number of total MA-recipient residents is the number of MA-recipient residents listed on the county nursing facility's CMI Report for the given Picture Date. MA-pending individuals or those individuals found to be MA eligible after the county nursing facility submits a valid CMI report for the picture date as provided under § 1187.33(a)(5) (relating to resident data and picture date reporting requirements) shall not be included in the count and shall not result in an adjustment of the percent of ventilator dependent or tracheostomy care MA residents.

(v) The applicable Picture Dates and the schedule for authorization of any associated quarterly supplemental ventilator care and tracheostomy care payment are as follows:

<u>Picture Date</u>	<u>Supplemental Ventilator Care and Tracheostomy Care Payment</u>
February 1	September
May 1	December
August 1	March
November 1	June

(vi) If a county nursing facility fails to submit a valid CMI Report for the picture date in the time frame outlined in § 1187.33(a)(5), the facility cannot qualify for a supplemental ventilator care and tracheostomy care payment.

(b) A county nursing facility's supplemental ventilator care and tracheostomy care payment is calculated as follows:

(i) The supplemental ventilator care and tracheostomy care per diem shall equal ((number of MA-recipient residents who receive necessary ventilator care or tracheostomy care/total MA-recipient residents) x \$69) x (the number of MA-recipient residents who receive necessary ventilator care or tracheostomy care/total MA-recipient residents).

(ii) The amount of total supplemental ventilator care and tracheostomy care payment shall equal the supplemental ventilator care and tracheostomy care per diem multiplied by the number of paid MA facility and therapeutic leave days.

(iii) If the Department grants a waiver to the 180-day billing requirement, the MA-paid days that may be billed pursuant to the waiver and after the authorization date of the waiver will not be included in the calculation of the supplemental ventilator care and tracheostomy care payment, and the Department will not retroactively revise the payment amount.

(iv) The paid MA facility and therapeutic leave days used to calculate a qualifying facility's supplemental ventilator care and tracheostomy care payment as described above will be obtained from the calendar quarter that contains the picture date used in the qualifying criteria as described in subsection (a).

(c) These payments will be made quarterly in each month listed in subsection (a).