

## **Table of Contents**

**State/Territory Name:** Pennsylvania

**State Plan Amendment (SPA) #: PA-14-019**

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

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**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 14-019

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 14-019. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues provisions for Medicaid day-one-incentive (MDOI) payments to county nursing facilities.

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 Pennsylvania State plan amendment 14-019 effective date of 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:  
14-019

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 \$ 5,614,018  
b. FFY 2015 \$16,307,093

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, Part Ia, page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19D, Part Ia, page 2

10. SUBJECT OF AMENDMENT: Extension of Medical Assistance Day One Incentive payments and funding levels for fiscal year 2014-2015.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:

Beverly D. Mackereff

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 6<sup>th</sup> 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:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

JUL 01 2014

/s/

23. REMARKS:

Penny Thompson

Deputy Director, Policy & Financial Mgt. CMCS

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**B. Incentive Payments**

1. *County MA Day One Incentive payment for FYs 2006-2007 thru 2011-2012 and 2012-2013 thru 2015-2016.* The Department will make MA Day One Incentive (MDOI) payments to each qualified county nursing facility as an incentive to preserve the critical safety network county nursing facilities provide to the poor and indigent residents of Pennsylvania.

a. An annual MDOI will be calculated for each qualified county nursing facility, to be paid out in quarterly installments.

b. To qualify for an MDOI quarterly installment payment, the facility must be a county nursing facility both during the entire quarter for which the installment payment is being made and at the time the installment payment is made.

c. The Department will calculate each qualified county nursing facility's MDOI quarterly installment payment based on the following formula:

(i) The total funds allocated for the MDOI payments for the rate year will be divided by the total MA days for all county nursing facilities to determine the MDOI per diem for the rate year. The total MA days used for each county nursing facility will be the MA days identified on the most recent PROMISe data file used to determine the facility's eligibility for disproportionate share incentive payments. The state funds allocated for FYs 2006-2007 thru 2014-2015 are as follows:

FY - 2006-2007 - \$ 11,858,682  
FY - 2007-2008 - \$ 12,330,822  
FY - 2008-2009 - \$ 9,804,649  
FY - 2009-2010 - \$ 13,868,883  
FY - 2010-2011 - \$ 13,979,899  
FY - 2011-2012 - \$ 20,574,781  
FY - 2012-2013 - \$ 23,580,105  
FY - 2013-2014 - \$ 24,666,449  
FY - 2014-2015 - \$ 20,037,185