

Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 15-0013

This file contains the following documents in the order listed:

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



Financial Management Group

SEP 29 2015

Mr. Theodore Dallas, Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
PO Box 8046
Harrisburg, PA 17105

RE: State Plan Amendment 15-0013

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 15-0013. 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 15-0013 effective date of September 15, 2015. 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/

Timothy Hill
Director

Enclosures

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

1. TRANSMITTAL NUMBER:
15-0013

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
September 15, 2015

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 2015 \$ 0
b. FFY 2016 \$ 12,311,509

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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 to county nursing facilities and funding levels for fiscal year 2015-2016.

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:

Theodore Dallas

14. TITLE:

Secretary of Human Services

15. DATE SUBMITTED:

JUL 13 2015

16. RETURN TO:

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

17. DATE RECEIVED:

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

SEP 29 2015

19. EFFECTIVE DATE OF APPROVED MATERIAL:

SEP 15 2015

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

Kristin FAN

22. TITLE:

Deputy Director FMG

23. REMARKS:

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 Provider Reimbursement and Operations Management Information System (PROMISTM) data file used to determine the facility's eligibility for disproportionate share incentive payments. The state funds allocated for FYs 2006-2007 thru 2015-2016 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
FY - 2015-2016 -	\$ 11,355,367

TN 15-0013**Supersedes****TN 14-019****Approval Date: SEP 29 2015 Effective Date: 09-15-15**