

Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 16-0024

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

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

AUG 23 2016

Mr. Theodore Dallas, Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
PO Box 2675
Harrisburg, PA 17110

RE: State Plan Amendment (SPA) 16-0024

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 16-0024. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes a supplemental payment to qualifying non-public nursing facilities in a county of the first class.

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 16-0024 with an effective date of June 26, 2016. 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/

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0024	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 June 26, 2016	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2016 \$ 2,167,535 b. FFY 2017 \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part I, page 12j		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Fiscal year 2015-2016 Supplementation payment for Medical Assistance nonpublic nursing facilities located in a county of the first class.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/		16. RETURN TO:	
13. TYPED NAME: Theodore Dallas		PA Department of Human Services Office of Long-Term Living/Forum Place 6 th Fl. Attention: Bureau of Policy and Regulatory Management P.O. Box 8025 Harrisburg, Pennsylvania 17105-8025	
14. TITLE: Secretary of Human Services		17. DATE RECEIVED:	
15. DATE SUBMITTED: JUN 10 2016		18. DATE APPROVED: AUG 23 2016	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUN 26 2016		20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMC	
23. REMARKS:			

6. Supplementation Payment for Nonpublic Nursing Facilities in a County of the First Class

The Department will make a nonpublic nursing facility supplementation payment in Fiscal Year 2015-2016 to qualified nonpublic nursing facilities located in a county of the first class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the first class, have more than 395 beds, and a Medicaid acuity of 1.19 as of August 1, 2015. The number of beds will be the number of licensed beds as of August 1, 2015 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2015 Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements). A nonpublic nursing facility's supplementation payment is calculated by dividing the total funds available by the number of qualified nonpublic nursing facilities.