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State Name: Pennsylvania

State Plan Amendment (SPA)#: 16-0030

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

SEP 28 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) 16-0030

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 16-0030. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes a supplemental payment to qualifying special rehabilitation facilities with high Medicaid utilization.

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 16-0030 with an effective date of July 10, 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:
16-0030

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 10, 2016

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 2016 \$
b. FFY 2017 \$ 2,073,454

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, Part I, page 121

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT: Fiscal Year 2016-2017 Medical Assistance (MA) dependency payment for high volume special
rehabilitation facilities with high MA and total facility occupancy levels.

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:

IS/

13. TYPED NAME:

Theodore Dallas

14. TITLE:

Secretary of Human Services

15. DATE SUBMITTED:

AUG 17 2016

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: SEP 28 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 10 2016

20. SIGNATURE OF REGIONAL OFFICIAL: IS/

21. TYPED NAME:

Kristen Fan

22. TITLE:

Director, FMG

23. REMARKS:

8. Medical Assistance Dependency Payment for High Volume Special
Rehabilitation Facilities

The Department will make a supplemental payment in Fiscal Year (FY) 2016-2017 to certain special rehabilitation facilities (SRFs) that have both a high Medical Assistance (MA) occupancy and a high total facility occupancy. The determination of whether a nursing facility qualifies for this supplemental payment and the amount of the supplemental payment is based on the nursing facility's 12-month MA cost report with a reporting period ending either December 31, 2014 or June 30, 2015 and accepted on or before April 1, 2016.

To qualify for this supplemental payment a nursing facility must be classified as a SRF as of the cost report end date; have MA occupancy greater than or equal to 94% as reported on Schedule A, Column A Line 5 of the cost report; have an overall nursing facility occupancy greater than or equal to 95% as reported on Schedule A, Column A Line 4 of the cost report; and have at least 200 MA certified nursing facility beds as of the cost report end date. For FY 2016-2017 the payment to qualifying nursing facilities will be \$40.55 times the number of MA days of care reported on their 12-month MA cost report with a reporting period ending either December 31, 2014 or June 30, 2015 and accepted on or before April 1, 2016.