Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 16-0061

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

MAR 1 0 2017

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) 16-0061

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 16-0061. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues a supplemental payment to county nursing facilities with an MA occupancy rate of at least 85%.

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 16-0061 with an effective date of November 13, 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,

Kristin Fan Director

Enclosures

EALTH CARE FINANCING ADMINISTRATION	to general resource resource to the contract of the contract o	OMD 140. 0430-0133
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	16-0061	Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO; REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	November 13, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
heard - the first	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447,250	a. FFY 2016 \$	7 657
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2017 \$ 2,14' 9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
Attachment 4.19D, Part Ia, page 5c	Attachment 4.19D, Part la, page 5c	
10. SUBJECT OF AMENDMENT: Medical Assistance County Nursing	Facility Supplementation Payment for fig	cal year 2016-2017
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNAMIDE AF STATISATION OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	PA Department of Human Services	
Theodore Dallas	Office of Long-Term Living/Forum Place 6th Fl.	
14. TITLE:	Attention: Bureau of Policy and Regulatory Management P.O. Box 8025	
Secretary of Human Services	Harrisburg, Pennsylvania 17105-8025	
15. DATE SUBMITTED: DEC 2.0 2016	Truttisourg, Tourisyrvatuu 17103-0023	
FOR REGIONAL OF	DEF USE ONLY	
17. DATE RECEIVED:	18 DATE APPROVED: MAR 1.0	2017
PLAN APPROVED + ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL NUV 1 3 2016	20. SIGNATURE OF REGIONAL OFF /S/	ICIAL,
21, TYPED NAME:	22. TIELE:	
Drustin LAN	Director, FMG	
23. REMARKS:		
	하는 이 경험들은 사람들이 있었다면 하다.	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: COMMONWEALTH OF PENNSYLVANIA

ATTACHMENT 4.19D PART la Page 5c

5. Supplementation Payment for County Nursing Facilities

The Department will make a county nursing facility supplementation payment in fiscal years (FYs) 2013-2014, 2014-2015, 2015-2016 and 2016-2017 to qualified county nursing facilities. To qualify for the supplementation payment, a county nursing facility must have an MA occupancy rate of at least 85 percent and must be located in a home rule county that was formerly a county of the second class A. The MA occupancy rate for each fiscal year will be determined by using the latest acceptable annual cost report as of September 30 in accordance with §1189.71(b) (relating to cost reporting). A county nursing facility's supplementation payment is calculated by dividing the total funds available by the number of qualified nursing facilities.

TN <u>16-0061</u> Supersedes TN <u>16-0023</u>

Approval Date: _

MAR 1 0 2017

Effective Date: 11/13/16