# Table of Contents

# State Name: Pennsylvania

# State Plan Amendment (SPA)#: 17-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Two (2) 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**

# MAY 0 5 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) 17-0007

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 17-0007. This SPA modifies Attachment 4.19-D Part Ia of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes supplemental safety net payments in FY 2017 to county nursing facilities meeting specific criteria.

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 17-0007 with an effective date of March 5, 2017. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0007	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 March 05, 2017	
5. TYPE OF PLAN MATERIAL (Check One):		
Image: New State Plan       Image: Amendment to be         COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	CONSIDERED AS NEW PLAN	AMENDMENT
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250	7. FEDERAL BUDGET IMPACT:         a. FFY 2016         b. FFY 2017         \$ 76,811,439         9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part Ia, pages 5e and 5f		
10. SUBJECT OF AMENDMENT: County nursing facility safety net pa 2017.	ayments to qualifying county nursing facil	lities in Fiscal Year 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 SPEC	IFIED:
12. SIGNATURE OF STA	16. RETURN TO:	
13. TYPED NAME: Theodore Dallas	PA Department of Human Services Office of Long-Term Living/Forum Place 6 <sup>th</sup> Fl. Attention: Bureau of Policy and Regulatory Management P.O. Box 8025	
14. TITLE: Secretary of Human Services		
15. DATE SUBMITTED: MAR 0 6 2017	Harrisburg, Pennsylvania 17105-8025	
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED: MAY 05	2017
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: MAR 0 5 2017	É COPY ATTACHED	"CIAL:
	22 THTE	
21. TYPED NAME: KRISTIN FAN 23. REMARKS:	Director, PMI	0

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### STATE: COMMONWEALTH OF PENNSYLVANIA

## 7. Safety Net Payments for County Nursing Facilities

The Department will make a safety net payment in Fiscal Year 2016-2017 to qualifying county nursing facilities to assure their continued operation as a safety net provider for the MA nursing facility population.

#### Qualification:

To qualify for a safety net payment the facility must:

- (1) Be a county nursing facility both during the period for which the payment is being made and at the time the payment is made; and
- (2) If located in a county with a population of less than 70,000 based on U.S. Census Bureau; 2010 Census Summary File 1; Table GCT-PH1; generated using American FactFinder;

http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml; (October 2016), have an overall occupancy rate greater than 90% based on the four consecutive quarters reported by the nursing facility as of April 22, 2016 for the Nursing Facility Assessment Program beginning April 1, 2015 and ending March 31, 2016.

#### Calculation of Safety Net Payment:

The Department will calculate each qualifying county nursing facility's safety net payment by calculating a per diem portion of the payment and a Medicare differential portion of the payment. A qualifying county nursing facility's total safety net payment is the sum of the two proportional amounts calculated for the facility.

#### a. Per Diem Portion

The per diem portion of the safety net payment will be calculated using each qualifying facility's paid MA facility days and therapeutic leave days based on each qualifying facility's paid MA facility days and therapeutic leave days identified on the Provider Reimbursement and Operations Management Information System (PROMISe<sup>™</sup>) data file used to determine the facility's eligibility for disproportionate share incentive payments for the period ending December 31, 2015.

TN <u>17-0007</u> Supersedes TN <u>NEW</u>

Approval Date:

MAY 0 5 2017

Effective Date: 03/05/17

Each facility's per diem portion of the safety net payment will be determined by:

- (1) Dividing the funds allocated to safety net payments by the total paid MA facility days and therapeutic leave days for all county nursing facilities and multiplying that amount by 80% to determine a safety net per diem for the rate year; and
- (2) Multiplying the safety net per diem by the qualifying county nursing facility's paid MA facility days and therapeutic leave days to determine the facility's per diem portion of the safety net payment rounded to the nearest cent.

#### b. Medicare Differential Portion

The Medicare differential portion of the safety net payment will be determined by:

- (1) Calculating for each qualifying nursing facility the estimated difference between what Medicare would pay for the nursing facility services and what Medicaid would pay for FY2016-2017 excluding any anticipated safety net payments as evidenced in the preliminary annual Medicare upper payment limit demonstration calculated as of February 23, 2016; and
- (2) Multiplying that difference by 20% to establish each facility's Medicare differential portion of the safety net payment rounded to the nearest cent.

TN <u>17-0007</u> Supersedes TN NEW

Approval Date:

MAY 0.5 2017

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