

## **Table of Contents**

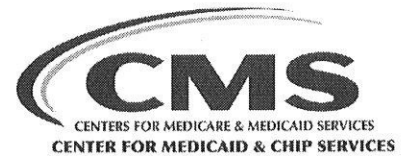
**State Name:** Pennsylvania

**State Plan Amendment (SPA)#:** 18-0020

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



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**Financial Management Group**

MAY 07 2018

Ms. Teresa D. Miller, Secretary  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Medical Assistance Programs  
PO Box 2675  
Harrisburg, PA 17110

RE: State Plan Amendment 18-0020

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0020. 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 18-0020 with an effective date of February 11, 2018. 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

cc: Leesa M. Allen, Deputy Secretary, DHS, Office of Medical Assistance Programs  
Jennifer Burnett, Deputy Secretary, Office of Long-Term Living

bcc: Fran McCullough, ARA, RO3  
Teia Miller, Manager, FMB RO3  
Sabrina Tillman-Boyd, Manager, POB RO3  
Mary McKeon, PA State Lead  
Lisa Carroll, CO NIRT  
Official NIRT File

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

1. TRANSMITTAL NUMBER:  
18-0020

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  
February 11, 2018

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 2017 \$  
b. FFY 2018 \$ 2,151,100

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, Part Ia, page 5c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19D, Part Ia, page 5c

10. SUBJECT OF AMENDMENT: Medical Assistance County Nursing Facility Supplementation Payment for fiscal year 2017-2018.

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 :

/S/

13. TYPED NAME:

Teresa D. Miller

14. TITLE:

, Secretary of Human Services

15. DATE SUBMITTED:

MAR 27 2018

16. RETURN TO:

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  
Harrisburg, Pennsylvania 17105-8025

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

MAY 07 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB 11 2018

20. SIGNATURE:

/S/

21. OFFICIAL:

21. TYPED NAME:

Christin Fan

22. TITLE:

Director, FMC

23. REMARKS:

**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.

**5a. Supplementation Payment for County Nursing Facilities**

The Department will make a county nursing facility supplementation payment in fiscal year 2017-2018 to qualified county nursing facilities. To qualify, a county nursing facility must be located in a home rule county that was formerly a county of the second class A, have more than 725 beds and a Medicaid acuity of .79 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 county nursing facility's supplementation payment is calculated by dividing the total funds available by the number of qualified nursing facilities.

The state funds allocated for FY 2017-2018 is \$2,000,000.