## Table of Contents

## State Name: Pennsylvania

## State Plan Amendment (SPA)#: 18-0021

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**

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 18-0021

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0021. 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 18-0021 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,

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

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: 18-0021	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 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE February 11, 2018	
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250	ENDMENT (Separate Transmittal for each amendment)         7. FEDERAL BUDGET IMPACT:         a. FFY 2017         b. FFY 2018         \$ 1,075,550	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part I, page 12j	<ul> <li>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</li> <li>Attachment 4.19D, Part I, page 12j</li> </ul>	
10. SUBJECT OF AMENDMENT: Fiscal year 2017-2018 supplementation payment for Medical Assistance nonpublic nursing facilities located in a county of the first class.		
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		
12. SIGNATUI /S/ AL:	16. RETURN TO:	
13. TYPED NAME: Teresa D. Miller	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	
14. TITLE: Secretary of Human Services		
15. DATE SUBMITTED: MAR 2.7 2018		
FOR REGIONAL OF 17. DATE RECEIVED:	18 DATE ADDOUTED	
PLAN APPROVED ONI	IS. DATE AFFROVED. MAY 07	2018
PLAN APPROVED - ONI 19. EFFECTIVE DATE OF APPROVED MATERIAL FEB 1 1 2018		ICIAL:
21. TYPED NAME:	22. TITLE DIrector, ASFA	λίο
23. REMARKS:		

STATE: COMMONWEALTH OF PENNSYLVANIA

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 years (FY) 2015-2016 and 2016-2017 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.

6a. 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 2017-2018 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 1.14 as of August 1, 2017. The number of beds will be the number of licensed beds as of August 1, 2017 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2017 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.

The state funds allocated for FY 2017-2018 is \$1,000,000.

Effective Date: 02/11/18