

Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 18-0022

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 Pages

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 18-0022

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0022. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes a supplemental payment to nonpublic and county nursing facilities that previously qualified for supplemental ventilator care or tracheostomy care payments in state fiscal year 2015.

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 18-0022 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: 18-0022	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): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 \$ 806,663	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part I, page 12n Attachment 4.19D, Part Ia, page 5d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19D, Part I, page 12n Attachment 4.19D, Part Ia, page 5d	
10. SUBJECT OF AMENDMENT: Supplemental ventilator care and tracheostomy care add-on payment to qualified nonpublic and county nursing facilities in fiscal year 2017-2018.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF: /S/		16. RETURN TO:	
13. TYPED NAME: Teresa D. Miller		PA Department of Human Services Office of Long-Term Living/Forum Place 6 th 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 27 2018			
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 OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: Kristin Fan		22. TITLE: Director FMC	
23. REMARKS:			

10. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

The Department will make a payment in fiscal years (FYs) 2016-2017 and 2017-2018 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of Medical Assistance residents who required medically necessary ventilator care or tracheostomy care greater than 90 percent using the quarterly payment files located on the Department's website.

The Department will calculate each qualified nursing facility's add-on payment by dividing the total funds for the supplemental ventilator care and tracheostomy care payment by the number of qualified nursing facilities.

The state funds allocated for FY 2017-2018 is \$750,000.

6. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

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