

## **Table of Contents**

**State Name:** Pennsylvania

**State Plan Amendment (SPA)#:** 18-0030

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**

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 18-0030

November 19, 2018

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0030. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes a supplemental payment to peer group 13 special rehabilitation facilities in a city of the third 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 18-0030 with an effective date of October 7, 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, Executive Secretary, DHS  
Sally Kozack, Deputy Secretary  
Kevin Hancock, Deputy Secretary, Office of Long-Term Living (OLTL)  
Jennifer Burnett, OLTL

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

1. TRANSMITTAL NUMBER:  
18-0030

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  
October 7, 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 2018 \$0  
b. FFY 2019 \$ 930,105

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19D, Part I, page 12m

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 4.19D, Part I, page 12m

10. SUBJECT OF AMENDMENT: Payment to a special rehabilitation facility located in a city of the third class in Fiscal Year 2018-2019.

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: OCT 17 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: NOV 19 2018

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVAL: OCT 17 2018

20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: Kristin Fah

22. TITLE: Director, FMG

23. REMARKS:

**9. Payment to a Special Rehabilitation Facility in a City of the Third Class**

The Department will make a payment in Fiscal Years 2016-2017 and 2017-2018 to a qualified special rehabilitation facility (SRF) in peer group 13 located in a city of the third class. To qualify, the SRF must be located in a city of the third class with a population between 115,000 and 120,000 based on U.S. Census Bureau; 2010 Census Summary using American FactFinder; <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>. A SRF's payment is calculated by dividing the total funds available by the number of qualified SRFs.

The state funds allocated for FY 2017-2018 is \$850,000.

**9a. Payment to a Special Rehabilitation Facility in a City of the Third Class**

The Department will make a payment in Fiscal Year (FY) 2018-2019 to a qualified special rehabilitation facility (SRF) in peer group 13 located in a city of the third class. To qualify, the SRF must be located in a city of the third class with a population between 115,000 and 120,000 based on U.S. Census Bureau; 2010 Census Summary using American FactFinder; <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

The Department will calculate a SRF's payment by multiplying the supplementation per diem by the number of paid Medical Assistance (MA) facility and therapeutic leave days for the prior fiscal year. The supplementation per diem will be calculated by dividing the total funds available by the total number of paid MA facility and therapeutic leave days for the prior fiscal year.

The state funds allocated for FY 2018-2019 is \$850,000.