

## **Table of Contents**

**State Name:** Pennsylvania

**State Plan Amendment (SPA)#:** 19-0020

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**

November 26, 2019

Ms. Teresa D. Miller, Secretary  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Long Term Living/Forum Place 6<sup>th</sup> Floor  
Attention: Bureau of Policy Development and Communications Management  
PO Box 8025  
Harrisburg, PA 17105-8025

RE: State Plan Amendment 19-0020

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 19-0020. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, this SPA continues supplemental payments to peer group 13 private nursing 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 state plan amendment 19-0020 effective October 7, 2019. We are enclosing the CMS-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

cc:  
Lisa Carroll  
Gary Knight

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

19-0020

2. STATE

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 7, 2019

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 2019

\$ 0

b. FFY 2020

\$ 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 2019-2020.

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 STATE AGENCY OFFICIAL

/S/

13. TYPED NAME

Teresa D. Miller

14. TITLE

Secretary of Human Services

15. DATE SUBMITTED

OCT 24 2019

16. RETURN TO

PA Department of Human Services  
Office of Long-Term Living/Forum Place 6<sup>th</sup> Floor  
Attention: Bureau of Policy Development and  
Communications Management  
P.O. Box 8025  
Harrisburg, Pennsylvania 17105-8025

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

NOV 26 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

OCT 07 2019

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

Kristin Fan

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 Years (FYs) 2018-2019 and 2019-2020 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.

The state funds allocated for FY 2019-2020 is \$850,000.