

## **Table of Contents**

**State Name:** Pennsylvania

**State Plan Amendment (SPA)#:** 19-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page



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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 19-0022

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 19-0022. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, this SPA continues supplemental payments to private special rehabilitation facilities with high occupancy, especially Medicaid occupancy.

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 19-0022 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

19-0022

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 \$ 522,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, page 1212

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19D, Part I, page 1212

10. SUBJECT OF AMENDMENT: Fiscal Year 2019-2020 Medical Assistance (MA) dependency payment for high volume special rehabilitation facilities with high MA beneficiary and total facility occupancy levels.

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> Fl.  
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

**8b. Medical Assistance Dependency Payment for High Volume Special Rehabilitation Facilities**

The Department will make a supplemental payment in Fiscal Years (FYs) 2018-2019 and 2019-2020 to certain special rehabilitation facilities (SRFs) that have both a high Medical Assistance (MA) beneficiary occupancy and a high total facility occupancy. The determination of whether a nursing facility qualifies for this supplemental payment and the amount of the supplemental payment is based on the nursing facility's 12-month MA cost report with a reporting period ending either December 31, 2014 or June 30, 2015 and accepted on or before April 1, 2016.

To qualify for this supplemental payment a nursing facility must be classified as a SRF as of the cost report end date; have MA beneficiary occupancy greater than or equal to 94% as reported on Schedule A, Column A Line 5 of the cost report; have an overall nursing facility occupancy greater than or equal to 95% as reported on Schedule A, Column A Line 4 of the cost report; and have at least 200 MA certified nursing facility beds as of the cost report end date. For FYs 2018-2019 and 2019-2020 the payment to qualifying nursing facilities will be calculated by multiplying the supplementation per diem by the number of paid 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.