

## **Table of Contents**

**State Name:** Pennsylvania

**State Plan Amendment (SPA)#:** 19-0023

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 19-0023

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 19-0023. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, this SPA continues supplemental payments to county nursing facilities in a home rule county formerly of the second class A meeting minimum size and occupancy criteria.

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 19-0023 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 19-0023	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): <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 2019 \$ 0 b. FFY 2020 \$ 2,188,482	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19D, Part Ia, page 5c1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19D, Part Ia, page 5c1	
10. SUBJECT OF AMENDMENT: Medical Assistance county nursing facility supplementation payment for Fiscal Year 2019-2020.			

11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL /S/		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
13. TYPED NAME Teresa D. Miller		
14. TITLE Secretary of Human Services		
15. DATE SUBMITTED OCT 24 2019		

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	

**5b. Supplementation Payment for County Nursing Facilities**

The Department will make a county nursing facility supplementation payment in Fiscal Years 2018-2019 and 2019-2020 to qualified county nursing facilities. To qualify, a county nursing facility must be located in a home rule county that was formerly a county of the second class A, have more than 725 beds and a Medicaid acuity of 0.79 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 county nursing facility's supplementation payment is calculated 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 \$2,000,000.

The state funds allocated for FY 2019-2020 is \$2,000,000.