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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

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

April 15, 2021

Ms. Teresa D. Miller, Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Long Term Living/Forum Place 6th Floor
PO Box 8025
Harrisburg, PA 17105-8025

RE: State Plan Amendment (SPA) 21-0004

Dear Ms. Miller:

We have reviewed the referenced amendment to Attachment 4.19-D of your Medicaid State Plan. This amendment continues Pennsylvania's authority to continue Medical Assistance Day One Incentive (MDOI) payments to nonpublic nursing facilities and sets the funding levels for Fiscal Year 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective January 24, 2021. The CMS-179 and amended plan pages are enclosed.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER 21-0004	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
January 01, 2021 24, 2021

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 2020 \$ 0 b. FFY 2021 \$ 17,472,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19D, Part I, pages 12i3 12i4 and 12i5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19D, Part I, pages 12i3 and 12i4

10. SUBJECT OF AMENDMENT: Medical Assistance Day One Incentive payments to nonpublic nursing facilities and funding levels for Fiscal Year 2020-2021.

11. GOVERNOR'S REVIEW (Check One)


- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO PA Department of Human Services Office of Long-Term Living/Forum Place 6 th 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 JAN 25 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED January 25, 2021	18. DATE APPROVED 4/15/21
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 24, 2021	20. SIGNATURE OF REGIONAL OFFICIAL  For
21. TYPED NAME Rory Howe	22. TITLE Acting Director, Financial Management Group

23. REMARKS
Effective date revised to day following public notice; state concurrence on 2/15.

5b. MA Day One Incentive Payments for Nonpublic Nursing Facilities

(a) MA Day One Incentive payment for FYs 2018-2019, 2019-2020 and 2020-2021. The Department will make MA Day One Incentive (MDOI) payments to each qualified nursing facility as an incentive to increase access to care for the poor and indigent citizens of Pennsylvania.

(i) Each nursing facility may qualify for a maximum of two MDOI payments. MDOI payments for each qualified nursing facility will be based on data from the nursing facility assessment quarterly resident day reporting forms and calculated as described in the following subsections.

(ii) To qualify for a MDOI payment, the facility must:

- a. Have reported the resident day information to the Department for the applicable Resident Day Quarter in the manner specified by the Department in the *PA NF Assessment and Quarterly Resident Day Reporting Form End User Manual* by the applicable date in the following subsections.
- b. Meet the definition of a nursing facility as defined in 55 Pa. Code § 1187.2 for the entire applicable Resident Day Quarter.
- c. Have an overall occupancy rate of at least 85% during the applicable Resident Day Quarter.
- d. Have a MA occupancy rate of at least 65% during the applicable Resident Day Quarter.

(iii) For purposes of subsection (a)(ii) above, Overall occupancy rate = (Total Resident Days ÷ (licensed bed capacity at the end of the quarter x the number of calendar days in the quarter)). MA occupancy rate = Total PA MA days ÷ Total Resident Days.

(iv) The Department will use the Total PA MA days and the Total Resident Days defined in the *PA NF Assessment and Quarterly Resident Day Reporting Form End User Manual* as reported by nursing facilities on the applicable nursing facility assessment resident day reporting forms to determine eligibility and calculate payments.

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- (b) For FY 2018-2019, qualifying nursing facilities in the southwest Community HealthChoices (CHC) zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2018 for the July 1, 2017 – September 30, 2017 Resident Day Quarter for the first payment and January 31, 2019 for the October 1, 2017 – December 31, 2017 Resident Day Quarter for the second payment. For all other qualifying nursing facilities, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2018 for the April 1, 2018 – June 30, 2018 Resident Day Quarter for the first payment and January 31, 2019 for the July 1, 2018 – September 30, 2018 Resident Day Quarter for the second payment.
- (c) For FY 2019-2020, qualifying nursing facilities in the southwest CHC zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2019 for the July 1, 2017 – September 30, 2017 Resident Day Quarter for the first payment and January 31, 2020 for the October 1, 2017 – December 31, 2017 Resident Day Quarter for the second payment. For qualifying nursing facilities in the southeast CHC zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2019 for the July 1, 2018 – September 30, 2018 Resident Day Quarter for the first payment and January 31, 2020 for the October 1, 2018 – December 31, 2018 Resident Day Quarter for the second payment. For qualifying nursing facilities in the Lehigh/Capital, northwest and northeast CHC zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2019 for the April 1, 2019 – June 30, 2019 Resident Day Quarter for the first payment and January 31, 2020 for the July 1, 2019 – September 30, 2019 Resident Day Quarter for the second payment.
- (d) For FY 2020-2021, for qualifying nursing facilities in the southwest CHC zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2020 for the July 1, 2017 – September 30, 2017 Resident Day Quarter for the first payment and January 31, 2021 for the October 1, 2017 – December 31, 2017 Resident Day Quarter for the second payment. For qualifying nursing facilities in the southeast CHC zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2020 for the July 1, 2018 – September 30, 2018 Resident Day Quarter for the first payment and January 31, 2021 for the October 1, 2018 – December 31, 2018 Resident Day Quarter for the second payment. For qualifying nursing facilities in the Lehigh/Capital, northwest and northeast CHC zone, the Department will use the nursing facility assessment quarterly resident day reporting forms available on October 31, 2020 for the July 1, 2019 – September 30, 2019 Resident Day Quarter for the first payment and will use the nursing facility assessment quarterly resident day reporting forms available on January 31, 2021 for the October 1, 2019 – December 31, 2019 Resident Day Quarter for the second payment.

(e) The Department will calculate each qualified nonpublic nursing facility's MDOI payments based on the following formula:

(i) A MDOI per diem for each of the two MDOI payments will be $\frac{1}{2}$ of the total funds appropriated for the fiscal year divided by the Total PA MA days as reported by all qualifying nursing facilities for the applicable Resident Day Quarter.

(ii) Each MDOI per diem will then be multiplied by each qualified nursing facility's Total PA MA days, as reported, for the applicable Resident Day Quarter to determine its MDOI payment.

(iii) The Department will not retroactively revise a MDOI payment amount based on a nursing facility's late submission or revision of its nursing facility assessment quarterly resident day report related to the dates above. The Department may recoup payments based on an audit of a nursing facility's report.

(iv) The state funds allocated for nonpublic nursing facilities for a Fiscal Year is as follows:

FY 2018-2019 is \$8,000,000.

FY 2019-2020 is \$16,000,000.

FY 2020-2021 is \$16,000,000.