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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0007

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

May 17, 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) 21-0007

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 make supplemental payments to non-state government owned nursing facilities with high Medicaid occupancy rates.

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 February 28, 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 Acting Director.

For
Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER

21-0007

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 1, 2021 February 28, 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 \$ 2,807,692

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 2020-2021.

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

13. TYPED NAME

Teresa D. Miller

14. TITLE

Secretary of Human Services

15. DATE SUBMITTED

MAR 31 2021

16. RETURN TO

PA Department of Human Services
Office of Long-Term Living/Forum Place 6th 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

March 31, 2021

18. DATE APPROVED

5/17/21

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

February 28, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

For

21. TYPED NAME

Rory Howe

22. TITLE

Acting Director, Financial Management Group

23. REMARKS

April 26, state agreed to P&I to Block 4

5b. Supplementation Payment for County Nursing Facilities

The Department will make a county nursing facility supplementation payment in Fiscal Years 2018-2019, 2019-2020 and 2020-2021 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.

The state funds allocated for FY 2020-2021 is \$2,000,000.