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State/Territory Name: PA

State Plan Amendment (SPA) 22-0008

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
Financial Management Group

April 19, 2022

Ms. Meg Snead, Acting Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Long-Term Living/Forum Place 6th Fl.
Bureau of Policy Development and Communications Management
P.O. Box 8025
Harrisburg, PA 17105-8025

RE: State Plan Amendment (SPA) 22-0008

Dear Ms. Snead:

We have completed our review of State Plan Amendment (SPA) 22-0008. This SPA modifies Attachment 4.19-D of Pennsylvania’s Title XIX State Plan. Specifically, the amendment will continue to authorize supplemental payments to qualifying nursing facilities located in a county of the first class.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act (the Act) and the implementing Federal regulations at 42 CFR 447 Subpart C. We are approving Pennsylvania’s State plan amendment with an effective date of January 9, 2022. 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,

Rory Howe
Director
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

**TO: CENTER DIRECTOR**
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**1. TRANSMITTAL NUMBER** 22 0008
**2. STATE** PA

**3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT**
[XIX] (XIX)

**4. PROPOSED EFFECTIVE DATE**
January 1, 2022

**5. FEDERAL STATUTE/REGULATION CITATION**
42 CFR 447.250

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>$0</td>
</tr>
<tr>
<td>2022</td>
<td>$2,864,000</td>
</tr>
</tbody>
</table>

**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
Attachment 4.19D, Part la, page 5c1

**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
Attachment 4.19D, Part la, page 5c1

**9. SUBJECT OF AMENDMENT**
Medical Assistance county nursing facility supplementation payment for Fiscal Year 2021-2022

**10. 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

**11. STATE AGENCY OFFICIAL**

**12. TYPED NAME** M. Snead

**13. TITLE** Acting Secretary of Human Services

**14. DATE SUBMITTED**
February 7, 2022

**15. 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 CMS USE ONLY**

**16. DATE RECEIVED**
February 7, 2022

**17. DATE APPROVED**
April 19, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**
January 9, 2022

**19. SIGNATURE OF APPROVING OFFICIAL**

**20. TYPED NAME OF APPROVING OFFICIAL**
Rory Howe

**21. TITLE OF APPROVING OFFICIAL**
Director Financial Management Group

**22. REMARKS**
Box#4 Pen and ink change for effective date to January 9, 2022 with state approval.

*Instructions on Back*
5b. Supplementation Payment for County Nursing Facilities

The Department will make a county nursing facility supplementation payment in Fiscal Years 2018-2019, 2019-2020, 2020-2021 and 2021-2022 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.
The state funds allocated for FY 2021-2022 is $2,000,000.