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State/Territory Name: PA

State Plan Amendment (SPA) 22-0009

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 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) 22-0009

Dear Ms. Snead:

We have completed our review of State Plan Amendment (SPA) 22-0009. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment will authorize supplemental payments to qualifying nursing facilities providing ventilator and tracheostomy care.

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,



Director

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 9

2. STATE

PA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

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

4. PROPOSED EFFECTIVE DATE

January 1, 2022 January 9, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.250

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 0
b. FFY 2022 \$ 1,074,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, page 12n
Attachment 4.19D, Part Ia, page 5d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19D, Part I, page 12n
Attachment 4.19D, Part Ia, page 5d

9. SUBJECT OF AMENDMENT

Supplemental ventilator care and tracheostomy care add-on payment to qualified nonpublic and county nursing facilities in Fiscal Year

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

OTHER, AS SPECIFIED:

11. AGENCY OFFICIAL

15. RETURN TO

PA Department of Human Services
Office of Long-Term Living/Forum Place 6th Floor
Attention: Bureau of Policy Development and Communications Management
P.O. Box 8025
Harrisburg, Pennsylvania 17105-8025

12. TYPED NAME

M. Snead

13. TITLE

Acting Secretary of Human Services

14. DATE SUBMITTED

February 7, 2022

FOR CMS USE ONLY

16. DATE RECEIVED

February 7, 2022

17. DATE APPROVED

April 19, 2022

PLAN APPROVED - ONE COPY ATTACHED

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.

10. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

The Department will make payments in fiscal years (FYs) 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021 and 2021-2022 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of Medical Assistance residents who required medically necessary ventilator care or tracheostomy care greater than 90 percent using the quarterly payment files located on the Department's website.

The Department will calculate each qualified nursing facility's add-on payment by dividing the total funds for the supplemental ventilator care and tracheostomy care payment by the number of qualified nursing facilities.

The state funds allocated for nonpublic and county nursing facilities for a FY is as follows:

FY 2017-2018 is \$750,000.

FY 2018-2019 is \$1,500,000.

FY 2019-2020 is \$750,000.

FY 2020-2021 is \$750,000.

FY 2021-2022 is \$750,000.

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