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State/Territory Name: PA

State Plan Amendment (SPA) #: 23-0004

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 S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

March 1, 2023

M. Snead
Acting Secretary of Human Services
PA Department of Human Services
Attn: Bureau of Policy Development and Communications Management
P.O. Box 8025
Harrisburg, PA 17105-8025

Reference: TN 23-0004

Dear Acting Secretary of Human Services:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0004. This amendment proposes to continue to make additional payments to nonpublic and county nursing facilities that qualify for supplemental ventilator care and tracheostomy care.

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 is to inform you that Medicaid State plan amendment PA-23-0004 is approved effective January 1, 2023. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 4

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.250

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 696,000
b. FFY 2024 \$ 0

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 Y

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. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

M. Snead

13. TITLE

Acting Secretary of Human Services

14. DATE SUBMITTED

December 12, 2022

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

FOR CMS USE ONLY

16. DATE RECEIVED

January 13, 2023

17. DATE APPROVED

March 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

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, 2021-2022 and 2022 -2023 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015 and remain open as of July 11, 2022. 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.
FY 2022-2023 is \$500,000.

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

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FY 2019-2020 is \$750,000.

FY 2020-2021 is \$750,000.

FY 2021-2022 is \$750,000.

FY 2022-2023 is \$500,000.