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State/Territory Name: PA

State Plan Amendment (SPA) #: 23-0005

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

February 23, 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 23-0005

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) 23-0005. This amendment proposes to continue to make additional payments to certain special rehabilitation facilities in peer group 13 located in a city of the third class.

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-23-0005 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 <u>Kristina.Mack-Webb@cms.hhs.gov.</u>

Sincerely,

Rory Howe Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	F $\begin{bmatrix} 1. \text{ TRANSMITTAL NUMBER} \\ 2 & 3 & & 0 & 0 & 0 & 5 \\ \hline 2 & 2 & 3 & & 0 & 0 & 0 & 5 \\ \hline 2 & 3 & & 0 & 0 & 0 & 5 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & 2 & 2 \\ \hline 2 & 2 & $
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 447.250	a FFY 2023 \$ 696,000 b. FFY 2024 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19D, Part I, page 12m1	
9. SUBJECT OF AMENDMENT	
Payment to a special rehabilitation facility located in a city of the third class in Fiscal Year 2022-2023	
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	15. RETURN TO PA Department of Human Services
12. TYPED NAME M. Snead	Office of Long-Term Living/Forum Place 6th Floor Attention: Bureau of Policy Development and Communications Management
13. TITLE	P.O. Box 8025
Acting Secretary of Human Services	Harrisburg, Pennsylvania 17105-8025
14. DATE SUBMITTED December 12, 2022	
•	USE ONLY
16. DATE RECEIVED	17. DATE APPROVED
January 13, 2023	February 23, 2023
	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, Financial Management Group
22. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 4.19D PART I Page 12m1

STATE: COMMONWEALTH OF PENNSYLVANIA

9b. Payment to a Special Rehabilitation Facility in a City of the Third Class

The Department will make a payment in Fiscal Years (FYs) 2022-2023 to a qualified special rehabilitation facility (SRF) in peer group 13 located in a city of the third class. To qualify, the SRF must be located in a city of the third class with a population between 115,000 and 120,000 based on U.S. Census Bureau; 2020 Census Summary using https://data.census.gov. The Department will calculate a SRF's payment 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 fund allocated for FY 2022-2023 is \$500,000.
