

## **Table of Contents**

**State/Territory Name: PA**

**State Plan Amendment (SPA) #: 24-0009**

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 S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

May 29, 2024

Valerie A. Arkoosh, MD, MPH  
Secretary of Human Services  
Office of Long-Term Living/Forum Place 6<sup>th</sup> F1  
ATTN: Bureau of Policy Development and Communications Management  
PO Box 8025  
Harrisburg, Pennsylvania 17105-8025

RE: TN 24-0009

Dear Secretary of Human Services:

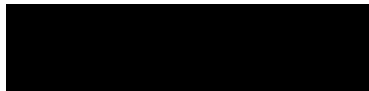
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Pennsylvania state plan amendment (SPA) to Attachment 4.19-D PA 24-0009, which was submitted to CMS on (April 9, 2024). This plan amendment updates the supplemental payment to certain nonpublic nursing facilities in a county of the first class.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of March 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or via email at [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 0 9</u>	2. STATE <u>PA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE  
**March 1, 2024**

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 1,179,599

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19D, Part I, page 12j3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19D, Part I, page 12j3**

9. SUBJECT OF AMENDMENT

**Fiscal Year 2023-2024 supplementation payment for Medical Assistance nonpublic nursing facilities located in a county of the first**

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]

12. TYPED NAME  
**Valerie A. Arkoosh, MD, MPH**

13. TITLE  
**Secretary of Human Services**

14. DATE SUBMITTED  
**April 8, 2024**

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  
**April 9, 2024**

17. DATE APPROVED  
**May 29, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

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

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

22. REMARKS

6f. Supplementation Payment for Nonpublic Nursing Facilities in a County of the First Class

The Department will make a nonpublic nursing facility supplementation payment in Fiscal Year 2022-2023 to qualified nonpublic nursing facilities located in a county of the first class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the first class, have more than 395 beds, and a Medicaid acuity of 1.15 as of August 1, 2021. The number of beds will be the number of licensed beds as of August 1, 2021 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2021, Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements). A nonpublic 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.

6g. Supplementation Payment for Nonpublic Nursing Facilities in a County of the First Class

The Department will make a nonpublic nursing facility supplementation payment in Fiscal Year 2023-2024 to qualified nonpublic nursing facilities located in a county of the first class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the first class, have more than 395 beds, and a Medicaid acuity of 1.06 as of August 1, 2022. The number of beds will be the number of licensed beds as of August 1, 2022, and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2022, Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements). A nonpublic 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 2022-2023 is \$1,000,000.

The state funds allocated for FY 2023-2024 is \$1,000,000.