

## **Table of Contents**

**State/Territory Name: PA**

**State Plan Amendment (SPA) #: 24-0029**

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**

January 6, 2025

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

RE: TN 24-0029

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 24-0029, which was submitted to CMS on December 6, 2024. This plan amendment authorizes the Department to make a supplemental payment to certain county nursing facilities.

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 October 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,

A solid black rectangular box used to redact the signature of the sender.

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

2 4 — 0 0 2 9

2. STATE

PA3. 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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.250

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024\$ 0b. FFY 2025\$ 2,453,351

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part Ia, page 5c18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 4.19D, Part Ia, page 5c1

9. SUBJECT OF AMENDMENT

Medical Assistance county nursing facility supplementation payment for Fiscal Year 2024-2025

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

12. TYPED NAME

Valerie A. Arkoosh, MD, MPH

13. TITLE

Secretary of Human Services

14. DATE SUBMITTED

December 5, 2024

15. RETURN TO

PA Department of Human ServicesOffice of Long-Term Living/Forum Place 6th Fl.Attention: Bureau of Policy Development and Communications  
ManagementP.O. Box 8025Harrisburg, Pennsylvania 17105-8025**FOR CMS USE ONLY**

16. DATE RECEIVED

December 6, 2024

17. DATE APPROVED

January 6, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

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**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, 2021-2022, 2022-2023 and 2023-2024 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.

The state funds allocated for FY 2022-2023 is \$2,000,000.

The state funds allocated for FY 2023-2024 is \$2,000,000.

**5c. *Supplementation Payment for County Nursing Facilities***

- (a) The Department of Human Services (Department) will make a county nursing facility supplementation payment in Fiscal Year (FY) 2024-2025 to qualified nursing facilities. To qualify, a county nursing facility must be located in a home rule county that is 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).
- (b) 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 FY. 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 FY.

The state funds allocated for county nursing facilities for a FY are as follows:

FY 2024-2025 is \$2,000,000.