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State/Territory Name: PA

State Plan Amendment (SPA) #: 24-0030

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

January 6, 2025

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

RE: TN 24-0030

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 24-0030, which was submitted to CMS on December 6, 2024. This plan amendment authorizes the Department to make a 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 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.

Sincerely,

Rory Howe

Rory Howe
Director
Financial Management Group

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	ONID NO. 0930-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.250 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19D, Part I, page 12j4	1. TRANSMITTAL NUMBER 2 4 — 0 0 3 0 PA 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE October 1, 2024 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0 1,226,676 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
9. SUBJECT OF AMENDMENT Fiscal Year 2024-2025 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	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	PA Department of Human Services
12. TYPED NAME	Office of Long-Term Living/Forum Place 6th Fl. Attention: Bureau of Policy Development and Communications
10. TITLE	Management P.O. Box 8025
Corretory of Human Convisco	P.O. Box 8025 Harrisburg, Pennsylvania 17105-8025
14. DATE SUBMITTED December 5, 2024	Tamozarg, Formojivania 17 100 0020
FOR CMS USE ONLY	
	17. DATE APPROVED
	January 6, 2025
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL	
16. ETTECTIVE BATE OF APPROVED WATERIAL	TO SIGNATURE OF AFPROVING 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

STATE: COMMONWEALTH OF PENNSYLVANIA

ATTACHMENT 4.19D PART I Page 12j4

- 6h. Supplementation Payment for Nonpublic Nursing Facilities in a County of the First Class
 - (a) The Department of Human Services (Department) will make a nonpublic nursing facility supplementation payment in Fiscal Year (FY) 2024-2025 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).
 - (b) 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 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 nonpublic nursing facilities for a FY are as follows:

FY 2024-2025 is \$1,000,000.

TN <u>24-0030</u> Supersedes TN New

Approval Date: January 6, 2025 Effective Date: 10/1/2024