

## **Table of Contents**

**State/Territory Name: PA**

**State Plan Amendment (SPA) #: 24-0034**

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 24-0034

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 24-0034 which was submitted to CMS on December 6, 2024. This plan amendment authorizes the Department to make an additional payment to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in a city 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](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

2 4 — 0 0 3 4

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 \$ 306,669

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, page 12qAttachment 4.19D, Part Ia, page 5l8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Fiscal Year 2024-2025 supplemental ventilator care and tracheostomy care add-on payment for qualified nonpublic and county nu

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:

AGENCY OFFICIAL

12. TYPED NAME  
Valerie A. Arkoosh, MD, MPH13. TITLE  
Secretary of Human Services14. DATE SUBMITTED  
December 5, 202415. 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  
December 6, 202417. DATE APPROVED  
January 6, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

PROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe21. TITLE OF APPROVING OFFICIAL  
Director, Financial Management Group

22. REMARKS

13. *Supplemental Ventilator Care and Tracheostomy Care Add-on Payment for Nonpublic and County Nursing Facilities in a City of the First Class*

- (a) The Department of Human Services (Department) will make a ventilator care and tracheostomy care add-on payment in Fiscal Year (FY) 2024-2025 to qualified nonpublic and county nursing facilities located in a city of the first class. To qualify, a nonpublic and county nursing facility must be located in a city of the first class, have commenced operations after December 31, 2017, and remain open as of July 11, 2024, with a percentage of Medical Assistance (MA) recipient residents who required medically necessary ventilator care or tracheostomy care equal to or greater than 90% as of August 1, 2022.
- (b) 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 are as follows:

FY 2024-2025 is \$250,000.

11. *Supplemental Ventilator Care and Tracheostomy Care Add-on Payment for Nonpublic and County Nursing Facilities in a City of the First Class*

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