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**State/Territory Name: PA** 

State Plan Amendment (SPA) #: 24-0035

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 14, 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 24-0035

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 24-0035, which was submitted to CMS on December 17, 2024. This plan amendment authorizes the Department to make supplement payments to certain nonpublic nursing facilities in a home rule county of the second 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 December 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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,

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Rory Howe Director Financial Management Group

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0936-0193
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	1. TRANSMITTAL NUMBER  2 4 — 0 0 3 5 PA  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI  4. PROPOSED EFFECTIVE DATE  December 1, 2024  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0 b. FFY 2025 \$ 1,840,013  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
9. SUBJECT OF AMENDMENT	OR ATTACHMENT (If Applicable)
Fiscal Year 2024-2025 supplementation payment for Medical Assistance nonpublic nursing facilities located in a home rule county	
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	
	5. RETURN TO
	A Department of Human Services Office of Long-Term Living/Forum Place 6th Floor
12. F	Attention: Bureau of Policy Development and Communications
	Management
Socretary of Human Sorvices	P.O. Box 8025 Harrisburg, Pennsylvania 17105-8025
14. DATE SUBMITTED December 11, 2024	
FOR CMS USE ONLY	
	7. DATE APPROVED anuary 14, 2025
PLAN APPROVED - ONL	•
	9. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL
Rory Howe	irector, Financial Management Group
22. REMARKS	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

PART I Page 12r

ATTACHMENT 4.19D

STATE: COMMONWEALTH OF PENNSYLVANIA

- Supplementation Payment for Nonpublic Nursing Facilities in a Home Rule County that is a County of the Second Class A
  - (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 home rule county that is a county of the second class A. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a home rule county that is a county of the second class A, have more than 126 beds and have a Medicaid acuity of 0.89 as of February 1, 2023. The Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the February 1, 2023, 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 for qualifying facilities.

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

FY 2024-2025 is \$1,500,000.

TN <u>24-0035</u> Supersedes TN New

Approval Date: 01/14/2025 Effective Date: 12/1/2024