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State/Territory Name: PA

State Plan Amendment (SPA) #: 26-0011

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 S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

08/06/2026

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 26-0011

Dear Secretary of Human Services Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Pennsylvania state plan amendment (SPA) to Attachment 4.19-D PA 26-0011, which was submitted to CMS on May 29, 2026. This plan amendment authorizes the Department to make an additional payment in Fiscal Year (FY) 2025-2026 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015 and remain open as of November 12, 2025.

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 April 1, 2026. 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,

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

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 6 — 0 0 1 1

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

April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.250

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 637,915

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, page 12n1Attachment 4.19D, Part Ia, page 5d18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19D, Part I, page 12n1Attachment 4.19D, Part Ia, page 5d1

9. SUBJECT OF AMENDMENT

Supplemental ventilator care and tracheostomy care add-on payment to qualified nonpublic and county nursing facilities in Fiscal Y

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

5/29/26

15. 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

May 29, 2026

17. DATE APPROVED

08/06/2026

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

10b. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

- (a) The Department of Human Services (Department) will make payments in Fiscal Year (FY) 2024-2025 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015 and remain open as of July 11, 2024. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of Medical Assistance (MA) residents who required medically necessary ventilator care or tracheostomy care greater than 90% using the quarterly payment files located on the Department's website.
- (b) The Department will make payments in FY 2025-2026 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015 and remain open as of November 12, 2025. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of MA residents who required medically necessary ventilator care or tracheostomy care greater than 90% using the quarterly payment files located on the Department's website.
- (c) 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 \$500,000.

FY 2025-2026 is \$500,000, effective April 1, 2026.

6b. *Supplemental Ventilator Care and Tracheostomy Care Add-on Payment*

- (a) The Department of Human Services (Department) will make payments in Fiscal Year (FY) 2024-2025 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015 and remain open as of July 11, 2024. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of Medical Assistance (MA) residents who required medically necessary ventilator care or tracheostomy care greater than 90% using the quarterly payment files located on the Department's website.
- (b) The Department will make payments in FY 2025-2026 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015 and remain open as of November 12, 2025. To qualify, a nonpublic and county nursing facility had to qualify for at least one supplemental ventilator care and tracheostomy care payment in FY 2014-2015 with a percentage of MA residents who required medically necessary ventilator care or tracheostomy care greater than 90% using the quarterly payment files located on the Department's website.
- (c) 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 \$500,000.

FY 2025-2026 is \$500,000, effective April 1, 2026.