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State/Territory Name: PA

State Plan Amendment (SPA) #: 26-0014

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

August 8, 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 26-0014

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 26-0014, which was submitted to CMS on May 29, 2026. This plan amendment authorizes the Department to make a supplementation payment to certain nonprofit nursing facilities in a city of the second class A in a county of the third class in Fiscal Year (FY) 2025-2026.

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,



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 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

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 \$ 1,913,746

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, page 12s
Attachment 4.19D, Part Ia, page 5m8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19D, Part I, page 12s
Attachment 4.19D, Part Ia, page 5m

9. SUBJECT OF AMENDMENT

Fiscal Year 2025-2026 supplementation payment for Medical Assistance nonprofit nursing facilities located in a city of the second

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
5/29/2615. 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, 202617. DATE APPROVED
08/06/2026**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

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

22. REMARKS

15. *Supplementation Payment for Nonprofit Nursing Facilities in a City of the Second Class A in a County of the Third Class*

- (a) The Department of Human Services (Department) will make a nonprofit nursing facility supplementation payment in Fiscal Years 2024-2025 and 2025-2026 to qualified nonprofit nursing facilities located in a city of the second class A in a county of the third class. To qualify for the supplementation payment, a nonprofit nursing facility must be located in a city of the second class A in a county of the third class and have a Medicaid acuity of 1.11 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 Attachment 4.19D, Part I, Supplement I.
- (b) A nonprofit 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 (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 nonprofit nursing facilities for a FY are as follows:

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

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

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