

## **Table of Contents**

**State/Territory Name: PA**

**State Plan Amendment (SPA) #: 24-0036**

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 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 24-0036

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 24-0036, which was submitted to CMS on December 17, 2024. This plan amendment authorizes the Department to make supplement payments to certain nonprofit nursing facilities in a city of the second class A in a county of the third 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 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,

A black rectangular box redacting the signature of Rory Howe.

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 6

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

December 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\$ 1,840,013

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)

9. SUBJECT OF AMENDMENT

Fiscal Year 2024-2025 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPE  
Valerie A. Arkoosh, MD, MPH13. TITLE  
Secretary of Human Services14. DATE SUBMITTED  
December 12, 2024

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  
December 17, 202417. DATE APPROVED  
January 14, 2025

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

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 Year (FY) 2024-2025 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 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements).
- (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 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.

12. *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 Year (FY) 2024-2025 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 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements).
- (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 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.

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