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# **State/Territory Name: PA**

## State Plan Amendment (SPA) 22-0009

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
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**

April 19, 2022

Ms. Meg Snead, Acting Secretary Commonwealth of Pennsylvania Department of Human Services Office of Long-Term Living/Forum Place 6<sup>th</sup> Fl. Bureau of Policy Development and Communications Management P.O. Box 8025 Harrisburg, PA 17105-8025

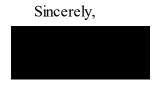
RE: State Plan Amendment (SPA) 22-0009

Dear Ms. Snead:

We have completed our review of State Plan Amendment (SPA) 22-0009. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment will authorize supplemental payments to qualifying nursing facilities providing ventilator and tracheostomy care.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act (the Act) and the implementing Federal regulations at 42 CFR 447 Subpart C. We are approving Pennsylvania's State plan amendment with an effective date of January 9, 2022. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.



Director

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER   2. STATE     2   2   0   0   9     3. 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 January 1, 2022 January 9, 2022
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 447.250	a FFY 2021 \$ 0 b. FFY 2022 \$ 1,074,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19D, Part I, page 12n Attachment 4.19D, Part Ia, page 5d	8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>if Applicable</i> ) Attachment 4.19D, Part I, page 12n Attachment 4.19D, Part Ia, page 5d
9. SUBJECT OF AMENDMENT Supplemental ventilator care and tracheostomy care add-on payment	ent to qualified nonpublic and county nursing facilities in Fiscal
10. GOVERNOR'S REVIEW (Check One) O GOVERNOR'S OFFICE REPORTED NO COMMENT O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
11. E AGENCY OFFICIAL 1	15. RETURN TO
	PA Department of Human Services
12. TYPED NAME	Office of Long-Term Living/Forum Place 6th Floor Attention: Bureau of Policy Development and Communications
M. Snead	Management
Asting Soorotem, of Human Somilana	P.O. Box 8025
14. DATE SUBMITTED February 7, 2022	⊣arrisburg, Pennsylvania 17105-8025
FOR CMS US	
	17. DATE APPROVED April 19, 2022
PLAN APPROVED - ON	•
18. EFFECTIVE DATE OF APPROVED MATERIAL   1     January 9, 2022   1	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director Financial Management Group
22. REMARKS	
Box#4 Pen and ink change for effective date to Janaury 9, 2022 wi	th state approval.

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

The Department will make payments in fiscal years (FYs) 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021 and 2021-2022 to nonpublic and county nursing facilities that qualified for supplemental ventilator care and tracheostomy care payments in FY 2014-2015. 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 residents who required medically necessary ventilator care or tracheostomy care greater than 90 percent using the quarterly payment files located on the Department's website.

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 is as follows:

FY 2017-2018 is \$750,000. FY 2018-2019 is \$1,500,000. FY 2019-2020 is \$750,000. FY 2020-2021 is \$750,000. FY 2021-2022 is \$750,000. 6. Supplemental Ventilator Care and Tracheostomy Care Add-on Payment

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