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State/Territory Name: PA

State Plan Amendment (SPA) #: 23-0019

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 24, 2024

Valerie A. Arkoosh, MD, MPH
Secretary of Human Services
PA Department of Human Services
Attn: Bureau of Policy Development and Communications Management
P.O. Box 8025
Harrisburg, PA 17105-8025

Reference: TN 23-0019

Dear Secretary of Human Services:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0019. This amendment proposes to make a one-time supplemental payment to eligible public and non-public nursing facilities that are enrolled in and certified for participation in the Medical Assistance program.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment PA-23-0019 is approved effective November 1, 2023. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

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

Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 9

2. STATE

PA

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

November 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.250

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 21,650,000
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, Page 21 and 21a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

2023 Enhanced Supplemental Payment for Public and Nonpublic Nursing Facilities.

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

[Redacted Signature]

12. TYPED NAME
Valerie A. Arkoosh, MD, MPH

13. TITLE
Secretary of Human Services

14. DATE SUBMITTED
December 13, 2023

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 19, 2023

17. DATE APPROVED
January 24, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

2023 Enhanced Supplemental Payment.

For state fiscal year 2023-2024, the Department will allocate a total of Forty Million Dollars (\$40,000,000.00) (state and federal financial participation combined) to offer a one-time enhanced supplemental payment (“2023 ES Payment”) to eligible public and non-public facilities enrolled in and certified for participation in the MA Program to further address the economic impact of the novel Coronavirus Disease of 2019 (“COVID-19”) on those facilities, as follows:

- a. Qualified Nursing Facilities. The Department will offer a 2023 ES Payment to a nursing facility that satisfies the following:

- The facility’s NIS Provider ID must be on the list at <https://www.dhs.pa.gov/providers/Providers/Pages/Rates-Nursing%20Facilites.aspx>

Nursing facilities that satisfy the above condition are referred to plurally as “Qualified Nursing Facilities,” and singularly as a “Qualified Nursing Facility.”

- b. Amount of the Payment. The amount of the 2023 ES Payment that Department will offer to each Qualified Nursing Facility is set forth on the list at

<https://www.dhs.pa.gov/providers/Providers/Pages/Rates-Nursing%20Facilites.aspx>

- c. Additional Requirements to Receive the 2023 ES Payment. To accept and to receive the 2023 ES Payment, the Qualified Nursing Facility also must satisfy the following additional conditions:

- (i) the Qualified Nursing Facility must be enrolled in and certified for participation in the MA Program on the date the Department pays the 2023 ES Payment; and
- (ii) the Qualified Nursing Facility must sign an acceptance and release form and submit it to the Department subject to the following:

(A) The Department must receive the form no later than a deadline set by the Department. The deadline for the Department’s receipt of the form shall be no sooner than sixty (60) days after the date that the Department sends the form to the Qualified Nursing Facility either by electronic means or by regular mail, whichever date is earlier.

(B) Under the release, the Qualified Nursing Facility must agree to release the Department from any and all claims for additional money or payments related in any way to:

(1) the increased federal financial participation (FFP) that resulted from the enhanced federal medical assistance percentage (Enhanced FMAP) enacted under Section 6008(a) of the Families First Coronavirus Response Act, P.L. 116-127 (March 18, 2020) effective January 1, 2020 and extended through the last calendar quarter including the federal Novel Coronavirus Disease of 2019 (COVID-19) public health emergency and as long as the federal government determines (the duration is referred to as the "Relevant Time Period"); or

(2) the state Nursing Facility Assessment Program set forth in Pennsylvania statute for the Relevant Time Period as it relates to the increased FFP that resulted from the Enhanced FMAP.

(C) The Department will not, in any way, require the Qualified Nursing Facility to waive any claims for services.

- d. Changes of Ownership. If there is a change of ownership of a Qualified Nursing Facility since January 1, 2020, the Department will only pay the facility enrolled in and certified for participation in the MA Program at the time of the 2023 ES Payment and the Department will not pay any prior owner. In those cases, any purported rights to the 2023 ES Payment will be a matter between the current owner and any past owners.

The state funds allocated for FY 2023-2024 is \$18,350,000.