

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-014

2. STATE
Pennsylvania

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE
July 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.250

7. FEDERAL BUDGET IMPACT:
a. FFY 2009 \$0
b. FFY 2010 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, Part 1, pages 3a, 4, 5, 6, 6a, 6b, 7, 7a and 8b.
Attachment 4.19C, pages 1 and 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19D, Part 1, pages 3a, 4, 5, 6, 6a, 7, 7a and 8b.
Attachment 4.19C, page 1.

10. SUBJECT OF AMENDMENT: Phase-out the use of the allowable MA costs incurred by county nursing facilities in calculating rates for MA non-public nursing facilities over a three year rate period beginning July 1, 2009, and ending June 30, 2012.

Phase-in minimum occupancy requirements for MA non-public and county nursing facilities to receive reserved bed day payments for MA. Extend the provisions related to computing per diem rates for county nursing facilities that privatize through FY 2009-2012.

Eliminate the use of appraisals in the establishment of the fixed property component of an MA nonpublic nursing facility's capital rate.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Estelle B. Richman

13. TYPED NAME:

Estelle B. Richman

Commonwealth of Pennsylvania
Department of Public Welfare
P.O. Box 2675
Harrisburg, Pennsylvania 17105

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

SEP 23 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

8-5-09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

Bull Kozak

21. TYPED NAME:

William Lasowski

22. TITLE:

Deputy Director, CMCS

23. REMARKS: