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State Name: Pennsylvania

State Plan Amendment (SPA) #11-028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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



Center for Medicaid and CHIP Services

Mr. Gary D. Alexander, Secretary
Commonwealth of Pennsylvania
Department of Public Welfare/Department of Aging
Office of Long Term Living
555 Walnut Street
Forum Place, 5th Floor
Harrisburg, PA 17101-1919

MAR 1 3 2012

RE: State Plan Amendment 11-028

Dear Mr. Alexander:

We have reviewed the proposed amendment to Attachment 4.19-D to the Pennsylvania State plan submitted under transmittal number (TN) 11-028. This amendment modifies the State's methods for setting peer group medians and pricing for the special rehabilitation nursing facilities (SRF). Specifically, this amendment establishes a subset in the SRF peer group for the original four SRFs.

We conducted our review of your submittal according to the statutory requirements at Sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1902(a)(30) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Pennsylvania State plan amendment 11-028 effective date of November 1, 2011. I have enclosed the approved HCFA-179 and the amended state plan pages.

If you have any questions, please call Gary Knight on (304) 347-5723.

Sincerely,

Cindy Mann Director, CMCS

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-028	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 November 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.250	a. FFY 2012 b. FFY 2013	\$405,366 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	
Attachment 4.19D, PART I, page 3a	OR ATTACHMENT (If Applicable): Attachment 4.19D, PART I, page 3a	
10. SUBJECT OF AMENDMENT: Changes to methods and stand	ands for navment of Medical Assists	nce (MA) nursing facility
11. 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 S	PECIFIED:
12 SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Gary D. Alexander	Commonwealth of Pennsylvania Department of Public Welfare/Department of Aging Office of Long-Term Living 555 Walnut Street	
14. TITLE:		
Secretary of Public Welfare 15. DATE SUBMITTED:	Forum Place, 5th Floor	10
DEC 27 2011	Harrisburg, Pennsylvania 17101-19	
FOR REGIONAL C	OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	MAR 1 3 2012
PLAN APPROVED - O		OPPROTEIL
19. EFFECTIVE DATE OF APPROVED MATERIAL NOV - 12011	20. SIGNATURE OF REGIONAL	OFFICIAL:
21. TYPED NAME: PENKLY Thom DSON	DODUTY DICE	ECTOR CMCS
23. REMARKS:		
이 집 나라를 보이는 회문에 하는 소설.		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 4.19D PART I Page 3a

STATE: COMMONWEALTH OF PENNSYLVANIA

facility peer groups, the Department will collapse a peer group with fewer than seven nursing facilities into the adjacent peer group with the same bed size. If there are two adjacent peer groups with which to merge, the peer group with fewer than seven nursing facilities will be collapsed into the peer group with the larger population MSA group.

For rate years 2009-2010, 2010-2011 and 2011-2012, county nursing facilities will be included when determining the number of nursing facilities in a peer group in accordance with § 1187.94(1)(iv) (relating to peer grouping for price-setting).

For rate year 2012-2013 and thereafter, county nursing facilities' allowable MA costs will not be used in the rate-setting process for non-public nursing facilities.

For the period commencing November 1, 2011, peer group medians and prices will be established for facilities classified as special rehabilitation facilities on or before July 1, 2000 separate from any other facilities meeting the definition of a special rehabilitation facility; facilities classified as special rehabilitation facilities after July 1, 2000 will have peer group medians and prices established using data from all facilities meeting the definition of a special rehabilitation facility. For the period November 1, 2011 through June 30, 2012, this change in peer group methodology will not be a factor in the quarterly BAF calculations.

3. Peer Group Price and Net Operating Rate Setting

Once the Department classifies nursing facilities into the appropriate peer groups, the Department then calculates the prices for each peer group. Under the case-mix payment system, nursing facility net operating costs are separated into three cost centers: resident care cost center, other resident related cost center and administrative cost center. The Department sets prices for each cost center and peer group on an

TN 11-028 Supersedes TN 09-014

Approval Date:

MAR 1 3 2012

Effective Date: 11-01-11