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## State Name: Pennsylvania

## State Plan Amendment (SPA)#: 18-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page

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** 

NOV 19 2018

Ms. Teresa D. Miller, Secretary Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs PO Box 2675 Harrisburg, PA 17110

RE: State Plan Amendment (SPA) 18-0027

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0027. This SPA modifies Attachment 4.19-D of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues a supplemental payment to qualifying non-public nursing facilities in a county of the eighth class.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Pennsylvania State plan amendment 18-0027 with an effective date of October 7, 2018. We are enclosing the HCFA-179 and the amended plan pages.

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

Sincerely,

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Kristin Fan Director

Enclosures

cc: Leesa M. Allen, Deputy Secretary, DHS, Office of Medical Assistance Programs Kevin Hancock, Deputy Secretary, Office of Long-Term Living

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:       9. PAGE NUMBER OF THE SUF OR ATTACHMENT:         Attachment 4.19D, Part I, page 12k       9. PAGE NUMBER OF THE SUF OR ATTACHMENT ( <i>If Applica</i> Attachment 4.19D, Part I, page 12         10. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance located in a county of the eighth class.       Attachment 4.19D, Part I, page 12         11. GOVERNOR'S REVIEW (Check One):       □ GOVERNOR'S OFFICE REPORTED NO COMMENT       ☑ OTHER, AS S         □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED       □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL       16. RETURN TO:         12. SIGNATTIPE-OF STATE AGENCY OFFICIAL:       16. RETURN TO:       PA Department of Human Services         13. TYPED NAME:       Teresa D. Miller       16. RETURN TO:         14. TITLE:       Secretary of Human Services       PA Department of Human Services         15. DATE SUBMITTED:       UCT 17 2018       Harrisburg, Pennsylvania 17105-80         FOR REGIONAL OFFICE USE ONLY         17. DATE RECEIVED:       18. DATE APPROVED:       NOV         PLAN APPROVED - ONE COPY ATTACHED	FORM APPROVED OMB NO. 0938-019	
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## STATE: COMMONWEALTH OF PENNSYLVANIA

7. Supplementation Payment for Nonpublic Nursing Facilities in a County of the Eighth Class

The Department will make a nonpublic nursing facility supplementation payment in fiscal years 2015-2016 and 2016-2017 to qualified nonpublic nursing facilities located in a county of the eighth class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the eighth class, have more than 119 beds, and a Medicaid acuity of 1.14 as of August 1, 2015. The number of beds will be the number of licensed beds as of August 1, 2015 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2015 Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements). A nonpublic nursing facility's supplementation payment is calculated by dividing the total funds available by the number of qualified nonpublic nursing facilities.

7a. Supplementation Payment for Nonpublic Nursing Facilities in a County of the Eighth Class

The Department will make a nonpublic nursing facility supplementation payment in fiscal years 2017-2018 and 2018-2019 to qualified nonpublic nursing facilities located in a county of the eighth class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the eighth class, have more than 119 beds, and a Medicaid acuity of 1.02 as of August 1, 2017. The number of beds will be the number of licensed beds as of August 1, 2017 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2017 Picture Date in accordance with 55 Pa. Code § 1187.33 (relating to resident data and picture date reporting requirements).

A nonpublic nursing facility's supplementation payment is calculated by multiplying the supplementation per diem by the number of paid MA facility and therapeutic leave days for the prior fiscal year. 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 fiscal year for qualifying facilities.

The state funds allocated for FYs 2017-2018 and 2018-2019 is as follows: FY - 2017-2018 - \$5,000,000 FY - 2018-2019 - \$5,000,000

TN <u>18-0027</u> Supersedes TN <u>18-0018</u>

NOV 19 2018

Approval Date:

Effective Date: 10/07/18