Table of Contents

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,

(

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	
STATE FLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION SOCIAL SECURITY ACT (MI SOCIAL SECURITY ACT (MI TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES S. 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 AMENDMENT (Separate Transmittal for COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for Attachment 4.19D, Part I, page 12k Attachment 4.19D, Part I, page	2. STATE	
SOCIAL SECURITY ACT (MI SOCIAL SECURATION OF THE PLAN MENTION OR A	Pennsylvania	
HEALTH CARE FINANCING ADMINISTRATION October 7, 2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES October 7, 2018 S. TYPE OF PLAN MATERIAL (Check One): AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for S. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT 12 CFR 447.250 7. FEDERAL BUDGET IMPACT a. FFY 2018 St b. FFY 2019 S b. FFY 2019 S c. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUR Attachment 4.19D, Part I, page 12k Attachment 4.19D, Part I, page 12 Attachment 4.19D, Part I, page 12k Attachment 4.19D, Part I, page 12 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance occated in a county of the eighth class. Secondament of Medical Assistance occated in a county of the eighth class. 1. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S GOVERNOR'S OFFICE REPORTED NO COMMENT Matention: Bureau of Policy and R. P.O. BOX 8025 PA Department of Human Services 3. TYPED NAME: Secretary of Human Services 16. RETURN TO: P.A. BAPTROVED - ONE COPY ATTACHED S. DATE SUBMITTED: UCT 17 2018		
DEPARTMENT OF HEALTH AND HUMAN SERVICES CTYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for PEDERAL STATUTE/REGULATION CITATION: 2 CFR 447.250 2 CFR 447.250 7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUP Attachment 4.19D, Part I, page 12k 9. PAGE NUMBER OF THE SUP OR ATTACHMENT (If Applica Attachment 4.19D, Part I, page 12k Attachment 4.19D, Part I, page 12 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance Documents of GOVERNOR'S OFFICE ENCLOSED OTHER, AS S GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S OCMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNAT ^{TIDE OF STATE AGENICY OFFICIAL: 16. RETURN TO: M. TITLE: Secretary of Human Services 5. DATE SUBMITTED: OCT 17 2018 FOR REGIONAL OFFICE USE ONLY 7. DATE RECEIVED: TAPPROVED - ONE COPY ATTACHED}	E	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for 0. FEDERAL STATUTE/REGULATION CITATION: 2 CFR 447.250 2 CFR 447.250 7. FEDERAL BUDGET IMPACT a. FFY 2019 5 b. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part I, page 12k 9. PAGE NUMBER OF THE SUB Attachment 4.19D, Part I, page 12k 9. PAGE NUMBER OF THE supplementation payment for Medical Assistance 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance 9. OTHER, AS S 1. GOVERNOR'S REVIEW (Check One): □ OTHER, AS S □ GOVERNOR'S OFFICE REPORTED NO COMMENT ☑ OTHER, AS S ○ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATTIPE OF STATE AGENCY OFFICIAL: 16. RETURN TO: 7. MARE: Year Submitted: 16. RETURN TO: 7. DATE RECEIVED 0CI I 7 2018 17.05-80 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S / S/ 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S / S/ 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S / S/ <td></td>		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for SEPERAL STATUTE/REGULATION CITATION: 2 CFR 447.250 7. FEDERAL BUDGET IMPACT a. FY 2018 8 b. FFY 2019 5 SPAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part I, page 12k 9. PAGE NUMBER OF THE SUF OR ATTACHMENT (Jf Applica 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance 1. GOVERNOR'S REVIEW (Check One): OCH OF GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S 1. GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S 1. GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S 1. GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S 1. GOVERNOR'S OFFICE REPORTED NO COMMENT Ø OTHER, AS S 2. SIGNATITEC of AMERICAL OFFICE SECONDY OFFICIELL: 16. RETURN TO: 3. TYPED NAME: Y Y 3. TYPED NAME: UCT 17 2018 16. RETURN TO: FOR REGIONAL OFFICE USE ONLY TERS D. MILLE		
5. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT 12 CFR 447.250 7. FFY 2018 12 CFR 447.250 8. FFY 2019 12 CFR 447.250 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 12 CFR 447.250 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 13. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUMPLEMENT (Jf Applica Attachment 4.19D, Part I, page 12k 9. PAGE NUMBER OF MENT (Jf Applica Attachment 4.19D, Part I, page 12k 9. Attachment 4.19D, Part I, page 12 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance 14. GOVERNOR'S REVIEW (Check One): □ □ □ GOVERNOR'S OFFICE ENCLOSED □ □ □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATIVE CONTON OFFICE ENCLOSED □ □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 16. RETURN TO: PA Department of Human Services 3. TYPED NAME: 10. TT 2018 16. RETURN TO: P. Abogartument of Policy and Rep. O. Box 8025 5. DATE SUBMITTED: 0CT 17 2018 18. DATE APPROVED: NOV P. CAN APPROVED - ONE COPY ATTACHED 9. EFFECTIVE DATE OF APPROYED MATERIAL: <	AMENDMENT	
12 CFR 447.250 a. FFY 2018 5 a. FFY 2019 s b. FFY 2019 s c. Attachment 4.19D, Part I, page 12k OR ATTACHMENT (J/Applica Attachment 4.19D, Part I, page 12k Attachment 4.19D, Part I, page 12 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance ocal Attachment 4.19D, Part I, page 12 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance ocal Attachment 4.19D, Part I, page 12 1. GOVERNOR'S REVIEW (Check One): S OTHER, AS S COMMENTS OF GOVERNOR'S OFFICE REPORTED NO COMMENT S OTHER, AS S 2. SIGNATURE CELVED WITHIN 45 DAYS OF SUBMITTAL 16. RETURN TO: PA Department of Human Services 3. TYPED NAME: Secretary of Hum		
B. 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: (If Applica Attachment 4.19D, Part I, page 12 Attachment 4.19D, Part I, page 12k Attachment 4.19D, Part I, page 12k O. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance ocated in a county of the eighth class. Attachment 4.19D, Part I, page 12 I. GOVERNOR'S REVIEW (Check One): □ GOVERNOR'S OFFICE REPORTED NO COMMENT □ GOVERNOR'S OF GOVERNOR'S OFFICE ENCLOSED □ OTHER, AS S □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL I6. RETURN TO: PAGE Numan Services 3. TYPED NAME: Teresa D. Miller 16. RETURN TO: PAGE Numan Services 5. DATE SUBMITTED: III T 2018 PAGE NUME OFFICE USE ONLY Partisburg, Pennsylvania 17105-80 FOR REGIONAL OFFICE USE ONLY 7. DATE RECEIVED: III DATE APPROVED: NOV 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S /S/ I_L 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S /S/ I_L 9. EFFECTIVE DATE OF APPROVED FON FON 22. TITLE: D/CCLOP, F.		
Attachment 4.19D, Part I, page 12 0. SUBJECT OF AMENDMENT: Fiscal Year 2018-2019 supplementation payment for Medical Assistance ocated in a county of the eighth class. 1. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT OMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATI DE OF STATE AGENICY OFFICIAL: 3. TYPED NAME: Teresa D. Miller 4. TITLE: Socaretary of Human Services 5. DATE SUBMITTED: UCT 17 2018 FOR REGIONAL OFFICE USE ONLY PLAN APPROVED - ONE COPY ATTACHED 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S /S/ L. TYPED NAME: ATTERIAL: 20. S /S/	ERSEDED PLAN SECTIO	
accurated in a county of the eighth class. 1. GOVERNOR'S REVIEW (Check One): \Box GOVERNOR'S OFFICE REPORTED NO COMMENT \Box COMMENTS OF GOVERNOR'S OFFICE ENCLOSED \Box NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATI THE OF STATE ACENCY OFFICIAL: A TYPED NAME: Teresa D. Miller 4. TITLE: Secretary of Human Services 5. DATE SUBMITTED: UCT 17 2018 FOR REGIONAL OFFICE USE ONLY PLAN APPROVED - ONE COPY ATTACHED 9. EFFECTIVE DATE OF APPROVED MATERIAL: CCL 0 7 2018 1. TYPED NAME: V_{i} Stin<	k	
GOVERNOR'S OFFICE REPORTED NO COMMENT \boxtimes OTHER, AS SCOMMENTS OF GOVERNOR'S OFFICE ENCLOSED \boxtimes OTHER, AS SNO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL16. RETURN TO:2. SIGNAT' IPE-OF STATE AGENCY OFFICIAL:16. RETURN TO:YYY3. TYPED NAME:PA Department of Human ServicesTeresa D. MillerAttention: Bureau of Policy and Rep.O. Box 80254. TITLE:Secretary of Human Services5. DATE SUBMITTED:UCT 17 2018FOR REGIONAL OFFICE USE ONLY7. DATE RECEIVED:18. DATE APPROVED:9. EFFECTIVE DATE OF APPROVED MATERIAL: UCT 07 201820. S1. TYPED NAME:XristinXristinFAM22. TITLE:Uct Ctr, F.	nonpublic nursing facilities	
/S/ 3. TYPED NAME: Teresa D. Miller 4. TITLE: Secretary of Human Services 5. DATE SUBMITTED: OCT 17 2018 FOR REGIONAL OFFICE USE ONLY Attention: Bureau of Policy and Rep.O. Box 8025 Harrisburg, Pennsylvania 17105-80 FOR REGIONAL OFFICE USE ONLY 7. DATE RECEIVED: PLAN APPROVED - ONE COPY ATTACHED 9. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 07 2018 1. TYPED NAME: Kristin Fan	PECIFIED:	
Treesa D. Miller Treesa D. Miller Office of Long-Term Living/Forun A. TITLE: Secretary of Human Services 5. DATE SUBMITTED: UCT 17 2018 Attention: Bureau of Policy and Rep.O. Box 8025 FOR REGIONAL OFFICE USE ONLY Treesa D. Miller 7. DATE SUBMITTED: UCT 17 2018 Harrisburg, Pennsylvania 17105-80 FOR REGIONAL OFFICE USE ONLY 7. DATE RECEIVED: 18. DATE APPROVED: NOV 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. \$ /S/ 1 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. \$ /S/ 1 1. TYPED NAME: Kristin Fan 22. TITLE: Director /F.	PA Department of Human Services Office of Long-Term Living/Forum Place 6 th Fl. Attention: Bureau of Policy and Regulatory Management	
Introduct Secretary of Human Services P.O. Box 8025 FOR REGIONAL OFFICE USE ONLY Secretary of Human Services FOR REGIONAL OFFICE USE ONLY Secretary of Human Services FOR REGIONAL OFFICE USE ONLY Totate Received: P.O. Box 8025 Harrisburg, Pennsylvania 17105-80 FOR REGIONAL OFFICE USE ONLY 7. DATE RECEIVED: 13. DATE APPROVED - NOV PLAN APPROVED - ONE COPY ATTACHED 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S OLT 0 7 2018 11. TYPED NAME: Kristin Fan Director, F.		
7. DATE RECEIVED: 18. DATE APPROVED: NOV PLAN APPROVED - ONE COPY ATTACHED 9. EFFECTIVE DATE OF APPROVED MATERIAL: 20. S /S/ 1 1. TYPED NAME: Kristin Fan 22. THLE: Director/F.		
9. EFFECTIVE DATE OF APPROVED MATERIAL: 0C1 07 2018 20.5 /S/ 1 1. TYPED NAME: Kristin Fan 22. TITLE: DICECTOR, F.	9 2018	
1. TYPED NAME: Kristin Fan 22. TITLE: Director, F.	OFFICIAL:	
	N/C.	
	<u>M9</u>	
	<u>na za milene niteriane i se el contribute</u>	

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