

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 21-0006**

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 S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

July 14, 2021

Ms. Meg Snead, Acting Secretary  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Long Term Living/Forum Place 6<sup>th</sup> Floor  
PO Box 8025  
Harrisburg, PA 17105-8025

RE: State Plan Amendment (SPA) 21-0006

Dear Ms. Snead:

We have reviewed the referenced amendment to Attachment 4.19-D of your Medicaid State Plan. This amendment continues Pennsylvania's authority to make supplemental payments to qualifying nursing facilities located in a county of the first class.

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 letter is to inform you that Medicaid State Plan Amendment is approved effective May 17, 2021. The CMS-179 and amended plan pages are enclosed.

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

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For

Rory Howe  
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER

21-0006

2. STATE

Pennsylvania

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

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 17, 2021

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 2020 \$ 0  
b. FFY 2021 \$ 1,092,050

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Part I, page 12j2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT: Fiscal Year 2020-2021 supplementation payment for Medical Assistance nonpublic nursing facilities located in a county of the first class.

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 SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

M. Snead

14. TITLE

Acting Secretary of Human Services

15. DATE SUBMITTED

MAY 17 2021

16. RETURN TO

PA Department of Human Services  
Office of Long-Term Living/Forum Place 6<sup>th</sup> Fl.  
Attention: Bureau of Policy Development and  
Communications Management  
P.O. Box 8025  
Harrisburg, Pennsylvania 17105-8025

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

May 17, 2021

18. DATE APPROVED

July 14, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

May 17, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

For

21. TYPED NAME

Rory Howe

22. TITLE

Acting Director, Financial Management Group

23. REMARKS



6d. Supplementation Payment for Nonpublic Nursing Facilities in a County of the First Class

The Department will make a nonpublic nursing facility supplementation payment in Fiscal Year 2020-2021 to qualified nonpublic nursing facilities located in a county of the first class. To qualify for the supplementation payment, a nonpublic nursing facility must be located in a county of the first class, have more than 395 beds, and a Medicaid acuity of 1.14 as of August 1, 2019. The number of beds will be the number of licensed beds as of August 1, 2019 and the Medicaid acuity will be determined using the Case Mix Index (CMI) Report for the August 1, 2019 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 Medical Assistance (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.

The state funds allocated for FY 2020-2021 is \$1,000,000.