

## **Table of Contents**

**State/Territory Name: PA**

**State Plan Amendment (SPA) #: 23-0003**

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 S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

March 1, 2023

M. Snead  
Acting Secretary of Human Services  
PA Department of Human Services  
Attn: Bureau of Policy Development and Communications Management  
P.O. Box 8025  
Harrisburg, PA 17105-8025

Reference: TN 23-0003

Dear Acting Secretary of Human Services:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0003. This amendment proposes to continue to make supplementation payments to qualifying county nursing facilities.

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 is to inform you that Medicaid State plan amendment PA-23-0003 is approved effective January 1, 2023. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of the sender.

Rory Howe  
Director

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 0 3</u>	2. STATE <u>PA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447.250**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 2,785,000  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19D, Part Ia, page 5c1**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19D, Part Ia, page 5c1**

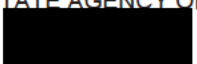
9. SUBJECT OF AMENDMENT

**Medical Assistance county nursing facility supplementation payment for Fiscal Year 2022-2023**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**M. Snead**

13. TITLE  
**Acting Secretary of Human Services**

14. DATE SUBMITTED  
**December 12, 2022**

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


**FOR CMS USE ONLY**

16. DATE RECEIVED  
**January 13, 2023**

17. DATE APPROVED  
**March 1, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Rory Howe**

21. TITLE OF APPROVING OFFICIAL  
**Director, Financial Management Group**

22. REMARKS

## 5b. Supplementation Payment for County Nursing Facilities

The Department will make a county nursing facility supplementation payment in Fiscal Years 2018-2019, 2019-2020, 2020-2021, 2021-2022 and 2022-2023 to qualified county nursing facilities. To qualify, a county nursing facility must be located in a home rule county that was formerly a county of the second class A, have more than 725 beds and a Medicaid acuity of 0.79 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 county 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 2018-2019 is \$2,000,000.

The state funds allocated for FY 2019-2020 is \$2,000,000.

The state funds allocated for FY 2020-2021 is \$2,000,000.

The state funds allocated for FY 2021-2022 is \$2,000,000.

The state funds allocated for FY 2022-2023 is \$2,000,000.