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**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 14-0014-MM5 (S88)**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT #031820144059

**JUN 12 2014**

Beverly Mackereth, Secretary  
Department of Public Welfare  
Room 333 Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Dear Secretary Mackereth:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 14-0014-MM5 (S88) entitled, "S88, Non-Financial Eligibility: State Residency." This SPA assures that the State provides Medicaid to otherwise eligible residents of the State consistent with Federal regulations. This SPA includes specific requirements for what constitutes State residency, provides information regarding the State's interstate agreements and policies for individuals who are temporarily out of the state or temporarily living in the state.

This SPA is approved with an effective date of January 1, 2014. Enclosed are:

1. The CMS Summary Page (CMS-179 form);
2. The approved State Plan pages for PA-14-0014-MM5 (S88), to be incorporated within a separate section at the end of Pennsylvania's approved State Plan; and
3. The Superseding Pages of State Plan Material, which should be incorporated into a separate section in the front of the State Plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. If you have any questions concerning this SPA, please contact Mary McKeon at 215-861-4181.

Sincerely,

/s/

 Francis McCullough  
Associate Regional Administrator

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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**State/Territory name:** Pennsylvania**Transmittal Number:***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

PA-14-0014

**Proposed Effective Date**

01/01/2014

(mm/dd/yyyy)

**Federal Statute/Regulation Citation**

S88-42 CFR 435.403.

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 5468269.00
Second Year	2015	\$ 7334410.00

**Subject of Amendment**

S88-Non-Financial Eligibility, State Residency

**Governor's Office Review**☐ Governor's office reported no comment☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal☒ Other, as specified

Describe:

Secretary of Public Welfare

**Signature of State Agency Official****Submitted By:**

Daniel Sorge

**Last Revision Date:**

Jun 9, 2014

**Submit Date:**

Mar 17, 2014



<b>SUPERSEDING PAGES OF STATE PLAN MATERIAL</b>	
<b>TRANSMITTAL NUMBER:</b>  PA-14-0014	<b>STATE:</b>  Pennsylvania
<b>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  S88 – State Residency	<b>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):</b>  Attachment 2.6-A: Page 3, Item 4, TN 91-33 Section 2.3: Page 13, TN 88-05





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency	S88
42 CFR 435.403	
<b>State Residency</b>	
<input checked="" type="checkbox"/> The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.	
Individuals are considered to be residents of the state under the following conditions:	
<input type="checkbox"/> Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and: <ul style="list-style-type: none"><li><input type="checkbox"/> Intends to reside in the state, including without a fixed address, or</li><li><input type="checkbox"/> Entered the state with a job commitment or seeking employment, whether or not currently employed.</li></ul>	
<input type="checkbox"/> Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.	
<input type="checkbox"/> Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children: <ul style="list-style-type: none"><li><input type="checkbox"/> Residing in the state, with or without a fixed address, or</li><li><input type="checkbox"/> The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.</li></ul>	
<input type="checkbox"/> Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married: <ul style="list-style-type: none"><li><input type="checkbox"/> Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or</li><li><input type="checkbox"/> Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or</li><li><input type="checkbox"/> If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.</li></ul>	
<input type="checkbox"/> Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.	
<input type="checkbox"/> Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.	
<input type="checkbox"/> Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.	
<input type="checkbox"/> IV-E eligible children living in the state, or	



## Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.



# Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama              | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska               | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona              | <input checked="" type="checkbox"/> Iowa          | <input checked="" type="checkbox"/> Nevada         | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas             | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California           | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado             | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut          | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware             | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota   | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida              | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia              | <input checked="" type="checkbox"/> Minnesota     | <input checked="" type="checkbox"/> Oklahoma       | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii               | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho                | <input checked="" type="checkbox"/> Missouri      | <input type="checkbox"/> Pennsylvania              |  |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☒ Other type of individual

	Name of Type	Description	
+	Long Term Care facilities residents	<p>Pennsylvania has interstate agreements for individuals residing in long term care facilities who retain addresses in both states.</p> <p>Pennsylvania has 21 interstate residency agreements with the following states:</p> <p>Alabama, Arkansas, California, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, New Jersey, New Mexico, North Dakota, Ohio, South Dakota, Tennessee, Texas, West Virginia, Wisconsin</p>	X





## Medicaid Eligibility

The state has a policy related to individuals in the state only to attend school.

☒ Yes ☐ No

Provide a description of the policy:

An individual (age 18-22) who is a full-time student in Pennsylvania will not be considered a resident of Pennsylvania if all of the following conditions exist:

- neither of the individual's parents reside in the State of Pennsylvania;
- the individual is claimed as a tax dependent by someone who resides in a state other than Pennsylvania; and
- the individual is applying for coverage on his or her own behalf.

☐ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes ☐ No

Provide a description of the definition:

A resident of this Commonwealth who is temporarily absent from this Commonwealth is considered a Pennsylvania resident if the person intends to return to this Commonwealth when the purpose of the absence has been accomplished, unless another state has determined that the person is a resident there for MA purposes.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.