

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-0046 (S32)

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
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

SWIFT #123020144044

JAN 05 2015

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 14-0046 (S32) entitled, "Eligibility Groups – Mandatory Coverage, Adult Group." SPA PA-14-0046 describes the new Medicaid eligibility group for individuals age 19 through 64, with MAGI-based household income at or below 133 percent of the federal poverty level. The State did not elect to offer presumptive eligibility to individuals qualifying under this eligibility group. This SPA supersedes S32 from TN No.14-0012-MM1.

This SPA was approved on December 23, 2014 with an effective date of January 1, 2015. Enclosed are:

1. The CMS Summary Page (CMS-179 form);
2. The approved State Plan pages for PA-14-0046 (S32), which supersede existing form S32 of previously approved SPA PA-14-0012-MM1 of Pennsylvania's 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)

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.

14-0046

Proposed Effective Date

01/01/2015

(mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(i)(VIII), 42 CFR 435.119

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 4687732825.00
Second Year	2016	\$ 6596520393.00

Subject of Amendment

S32 Medicaid Eligibility. Eligibility Groups-Mandatory Coverage. Adult Group
This SPA proposes to supersede S32 from TN No.14-0012-MM1

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: Dec 23, 2014

Submit Date: Nov 21, 2014



Medicaid Eligibility

State Name: Pennsylvania

OMB Control Number: 0938-1148

Transmittal Number: PA - 14 - 0046

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage

Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ Under age 19, or

☒ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☐ Under age 20

☒ Under age 21

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No



Medicaid Eligibility

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.

V.20140415