

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: PA-15-0012**

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**

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SWIFT #040220154032

**JUN 24 2015**

Theodore Dallas  
Secretary of Human Services  
Department of Human Services  
Room 333, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675

Re: Pennsylvania Title XIX, FMAP State Plan Amendment, Transmittal # 15-0012

Dear Secretary Dallas:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), TN 15-0012, which was submitted to the Centers for Medicare & Medicaid Services Philadelphia Regional Office on March 27, 2015. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.


Based on the information provided, the Medicaid SPA 15-0012 is approved with an effective date of January 1, 2015. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any questions, please contact Mary McKeon at 215-861-4181.

Sincerely,

/s/

/ Francis McCullough /  
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0012	2. STATE Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.119, 42 CFR 433.206, 42 CFR 440 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY 2015 Please refer to SPA 14-0046      Please refer to b. FFY 2016 Please refer to SPA 14-0046      SPA 14-0046	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 18 to Attachment 2.6A, Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supplement 18 to Attachment 2.6A, Page 5	
10. SUBJECT OF AMENDMENT: FMAP Claiming			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review and <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      approval authority has been delegated <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      to the Department of Human Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO: Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 8046 Harrisburg, Pa. 17105	
13. TYPED NAME: Theodore Dallas			
14. TITLE: Acting Secretary of Department of Human Services			
15. DATE SUBMITTED: MAR 27 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: MAR 27 2015		18. DATE APPROVED: JUN 24 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: FRANCIS McCULLOUGH		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS:			

### Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

#### A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- ☐ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- ☒ The state does not have any relevant populations requiring such transitions.

### Part 4 - Applicability of Special FMAP Rates

#### A. Expansion State Designation

The state:

- ☐ Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- ☒ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated 03/27/2015.

#### B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- ☒ Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- ☐ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated \_\_\_\_\_. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

TN – 15-0012

Approval Date – \_\_\_\_\_

Effective Date – 01/01/2015

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JUN 24 2015