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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-15-0015

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 #051320154039

NOV 13 2015

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

Dear Secretary Dallas:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) PA-15-0015, "Changes to Service Limitations Related to Medicaid Expansion." This SPA was approved on November 13, 2015 with an effective date of April 27, 2015.

SPA PA-15-0015 aligns State Plan services covered for the traditional Medicaid adult population with the adult population covered under the Alternative Benefit Plan (ABP) at Attachment 3.1L-1 of the Pennsylvania State Plan. To effectuate the adult benefit alignment, the Pennsylvania Department of Human Services has also submitted a counterpart amendment, proposed SPA PA-15-0016, reflecting corresponding revisions to the ABP at Attachment 3.1L-1 for certain newly eligible adults enrolled pursuant to this ABP.

Enclosed, please find the signed CMS 179 form, and the approved SPA pages.

If you have any questions concerning this letter, please contact Mary McKeon at 215-861-4481.

Sincerely,

/s/

A handwritten signature in dark ink, appearing to be "Francis McCullough", written over a horizontal line.

Francis McCullough

Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-0015

2. STATE
Pennsylvania

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 27, 2015

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:
Section 1905 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0

b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

3.1A/3.1B, Page 1, 1a, 1b, 1d, 3d, 3e, 3g, 4, 4a, 4b, 4d, 5ec, 6,
6h, and 7c

3.1A/3.1B, Page 1, 1a, 1b, 1d, 3d, 3e, 3g, 4, 4a, 4b, 4d, 5ec,
6, 6h, and 7c

566

566

10. SUBJECT OF AMENDMENT:

Changes to service limitations related to Medicaid Expansion

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:

Review and approval authority has
been delegated 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 2675
Harrisburg, Pennsylvania 17110

13. TYPED NAME:

Theodore Dallas

14. TITLE:

Acting Secretary of Human Services

15. DATE SUBMITTED:

APR 27 2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

November 13, 2015

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 27, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Francis McCullough

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen and ink changes to this CMS-179 authorized by the Pennsylvania
Department of Human Services. Mary McKeon, CMS Pennsylvania State Lead

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

1. Inpatient hospital services other than those provided on an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations
☐ Not provided

2a. Outpatient hospital services

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

2b. Rural Health Clinic (RHC) services and other ambulatory services furnished by a RHC.

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

2c. Federally Qualified Health Center (FQHC) and other ambulatory services furnished by a FQHC.

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

2d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

3. Other Laboratory and X-ray services.

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

4a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

4b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

TN No. 15-0015

Supersedes

TN No. 15-0011

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SERVICES

1. Inpatient Hospital Services (42 CFR 440.10)

Limitations

(a) Each beneficiary is limited to two (2) periods of therapeutic leave per calendar month. Neither of these periods of therapeutic leave may exceed twelve (12) hours in a calendar day.

Exception: Beneficiaries receiving care in an acute care general hospital's extended acute care psychiatric unit approved by the Department are limited to seven (7), twelve (12) hour periods of therapeutic leave per month which may be used consecutively.

(b) Prior Authorization is required for elective admissions to determine medical necessity. Automated Utilization Review is completed for emergency and urgent inpatient admissions.

(c) The Department determines beneficiary eligibility for compensable transplant procedures in accordance with written standards, which are applied uniformly to similarly situated beneficiaries.

General Considerations for Organ Transplantation

1. Services are available to beneficiaries under the age of 21 as required by the Omnibus Budget Reconciliation Act of 1989 (OBRA-89).
2. Organ transplantation will be covered if the Department agrees the procedure is medically necessary and no alternative medical treatment is available.
3. The organ transplantation must be utilized for the management of end stage disease as a recognized standard of treatment in the medical community AND must not be of an investigational or experimental nature.
4. All organ transplants must be prior authorized before evaluation occurs OR if the beneficiary is new to MA and already on the United Network for Organ Sharing (UNOS) transplantation list.
5. All organ transplants must be done in facilities that are a CMS Medicare approved program for the particular organ. If a combination transplant is performed, that facility must be Medicare approved for all types of organs being transplanted (42 CFR 482.1 – 482.57).

TN No. 15-0015

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TN No. 15-0011

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SERVICES

1. Inpatient Hospital Services (42 CFR 440.10) (continued)

Limitations - continued

(c) continued

General medical indications for specific organ transplants are as follows:

Kidney - Kidney transplantation is determined to be medically necessary when there is medical documentation of chronic end stage renal disease and no absolute contraindication to kidney transplantation.

Heart - Based on the medical necessity guidelines from the American College of Cardiology/American Heart Association (ACC/AHA).

Heart/Lung - Based on the joint medical necessity guidelines from the American Thoracic Society, American Society for Transplant Physicians and the International Society for Heart and Lung Transplantation (ISHLT).

Lung - Based on the medical necessity guidelines from the International Society for Heart and Lung Transplantation (ISHLT).

Liver - Based on the medical necessity guidelines from the Clinical Practice Committee of the American Society of Transplantation and the United Network for Organ Sharing (UNOS).

Pancreas - Based on the medical necessity guidelines from the American Diabetes Association and the American Society for Transplant Physicians.

Pancreas/Kidney - Pancreatic/kidney transplantation is primarily performed on diabetics with end stage renal disease. Based on the medical necessity guidelines from the American Diabetes Association and the American Society of Transplantation.

Intestinal - Based on the medical necessity guidelines from The American Society of Transplantation, the American Gastroenterological Association and the Centers for Medicare and Medicaid Services.

Corneal - Corneal transplantation of autologous or donor limbal stem cells is determined to be medically necessary when there is documentation in the medical record of limbal stem cell deficiency which is refractory to conventional treatments.

Hematopoietic Stem Cell Transplantation from Bone Marrow or Peripheral Stem Cells -

Hematopoietic stem cell transplantation (HSCT) is defined as the administration of hematopoietic stem cells from sources such as bone marrow, peripheral blood, or umbilical cord blood. Autologous HSCT (auto-HSCT) uses hematopoietic progenitor cells derived from the individual with the disorder while allogeneic HSCT (allo-HSCT) uses hematopoietic stem cells from someone other than the individual receiving the transplant. Based on the medical necessity guidelines from The American Society for Blood and Marrow Transplantation, certain conditions can be treated with either autologous HSCT or allogeneic HSCT. For specific conditions medically necessary treatment may be with only autologous HSCT or only allogeneic HSCT.

SERVICES

2.a. (1) Outpatient Hospital Services (42 CFR 440.20(a)(3))

Prior authorization is required for an admission for same day surgical services.

(2) Psychiatric Partial Hospitalization (42 CFR 440.20(a)(3))

Psychiatric Partial Hospitalization is an active outpatient psychiatric day or evening treatment session. The services are provided by an approved Psychiatric Partial Hospitalization provider. The following is a description of the service components and professional qualifications. These service components are provided to the individual, if necessary, in accordance with their individualized care plan:

• **Individual, Group, and Family psychotherapy**

- Individual Therapy: Psychotherapy provided to one person with a diagnosed mental disorder
- Group Therapy: Psychotherapy provided to no less than two and no more than ten persons with diagnosed mental disorders
- Family Therapy: Psychotherapy provided to two or more members of a family. At least one family member shall have a diagnosed mental disorder

Psychotherapy can be provided by any of the following professionals:

- a) Psychiatrist: A physician who has completed a 3 year residency in psychiatry and is licensed to practice in the state.
- b) Psychologist: A person licensed to practice psychology in the state.
- c) Outpatient Mental Health Professional: A person trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology, nursing or rehabilitation or activity therapies; who has a graduate degree and one year of mental health clinical experience.

- * **Health Education:** Include basic physical and mental health information; nutrition information and assistance in purchasing and preparing food, personal hygiene instruction, basic health care information, child care information and family planning information and referral and information on prescribed medications. Health Education can be provided by any of the following professionals:

- a) Psychiatrist
- b) Psychologist
- c) Outpatient Mental Health Professional
- d) Mental Health Worker: A person with a minimum of a bachelor's degree in a generally recognized clinical discipline including psychiatry, social work, psychology, nursing, rehabilitation or activity therapies, acting under the direction of the mental health professional to implement an element of a treatment plan.
- e) Registered Nurse: An individual licensed by the State Board of Nursing to practice professional nursing
- f) Licensed Practical Nurse: A person who is a graduate of a school approved by the State Board of Nursing.

SERVICES

2a. (2) Psychiatric Partial Hospitalization (42 CFR 440.20(a)(3)) (continued)

- **Instruction in basic care of the home or residence for daily living:** This includes guidance that helps the individual to care for their home and perform regular household chores to maintain a healthy and safe living environment. This can be provided by any of the following professionals - Psychiatrist, Psychologist, Outpatient Mental Health Professional, Mental Health Worker, Registered Nurse, or Licensed Practical Nurse.
- **Instruction in basic personal financial management for daily living:** This includes basic instruction on budgeting, money management and related areas to help the individual have the financial stability to achieve the goals identified in the care plan. This can be provided by any of the following professionals - Psychiatrist, Psychologist, Outpatient Mental Health Professional, Mental Health Worker, Registered Nurse, or Licensed Practical Nurse
- **Medication Management:** This involves administration of a drug and evaluation of the individual's physical and mental condition during the course of prescribed medication. This can be provided by any of the following professionals - Psychiatrist, Physician, Registered Nurse, or Licensed Practical Nurse.
- **Guidance on Social Skills:** This includes providing guidance to communicate and interact with other members of the society without undue conflict or disharmony. This can be provided by any of the following professionals - Psychiatrist, Psychologist, Outpatient Mental Health Professional, Mental Health Worker, Registered Nurse, or Licensed Practical Nurse.
- **Crisis Management:** This includes counseling and intervention to assist individuals in the management of the crises that they are experiencing due to psychiatric events or psychological issues. This can be provided by any of the following professionals - Psychiatrist, Psychologist, Outpatient Mental Health Professional, Mental Health Worker, Registered Nurse, or Licensed Practical Nurse.
- **Referral:** This includes activities that assist in linking the individual with medical, social and educational providers, or other programs and services that are capable of providing the needed services identified in the care plan. This can be provided by any of the following professionals - Psychiatrist, Psychologist, Outpatient Mental Health Professional, Mental Health Worker, Registered Nurse, or Licensed Practical Nurse.

TN No. 15-0015

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SERVICES

7. Home Health Services (42 CFR 440.70)

- 7a. Nursing service, as defined in the State Nurse Practice Act, that is provided on a part-time or intermittent basis by a home health agency or, if there is no agency in the area, a registered nurse. (42 CFR 440.70(b)(1))**

Limitations

1. For beneficiaries 21 years of age or older, there are no limits for home health nursing visits for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days of home health nursing visits, home health aide visits, therapy visits, and speech pathology and audiology visits.
2. The services require prior authorization.

Provider Qualifications

Home health services are provided by home health agencies certified by Pennsylvania's Department of Health as meeting the requirements for participation in Medicare.

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SERVICES

7. Home Health Services (42 CFR 440.70) (continued)

7b. Home health aide services provided by a licensed home health agency (42 CFR 440.70(b)(2)).

Limitations

1. For beneficiaries 21 years of age or older, there are no limits for home health aide services for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days of home health aide visits, home health nursing visits, therapy visits, and speech pathology and audiology visits.
2. The services require prior authorization.

Provider Qualifications

Home health services are provided by home health agencies certified by Pennsylvania's Department of Health as meeting the requirements for participation in Medicare.

SERVICES

7. Home Health Services (42 CFR 440.70) (continued)

7d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a licensed home health agency (42 CFR 440.70(b)(4)).

Limitations

1. For beneficiaries 21 years of age or older, there are no limits for physical therapy, occupational therapy, or speech pathology and audiology services for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days of therapy visits, speech pathology and audiology services, home health nursing visits, and home health aide visits.
2. The services require prior authorization.

Provider Qualifications

The service must be performed by a physical therapist, occupational therapist, speech pathologist or audiologist who are currently licensed to practice in the Commonwealth and comply with 42 CFR 440.110.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

9. Clinic services

9a. Independent Medical Clinic services

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

9b. Psychiatric Clinic Services

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

9c. Drug and Alcohol and Methadone Maintenance Clinic Services

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

9d. Renal Dialysis Services

☒ Provided: ☐ No limitations ☒ With limitations
☐ Not provided

9e. Ambulatory Surgical Center (ASC) services

☒ Provided: ☒ No limitations ☐ With limitations
☐ Not provided

10. Dental services

☒ Provided: ☐ No limitations ☒ With limitations
☐ Not provided

11. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.

11a. Physical Therapy

☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided*

11b. Occupational Therapy

☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided*

11c. Services for individuals with speech, hearing, and language disorders

☐ Provided: ☐ No limitations ☐ With limitations
☒ Not provided*

*Service is only provided to beneficiaries under 21 years of age

SERVICES

9. Clinic Services

9b. Psychiatric Clinic services (42 CFR 440.90)

Provider Qualifications

Psychiatric clinics must have a certificate of compliance from the Department, Office of Mental Health and Substance Abuse Services.

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Supersedes

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SERVICES

9. Clinic Services (continued)

9c. Drug and Alcohol and Methadone Maintenance Clinic services (42 CFR 440.90)

Provider Qualifications

Drug and alcohol outpatient clinics must be fully or provisionally licensed by the Department of Drug and Alcohol Programs. A drug and alcohol clinic may provide methadone maintenance if approved to do so by the Department of Drug and Alcohol Programs.

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SERVICES

9. Clinic Services (continued)

9e. Ambulatory Surgical Center (42 CFR 416)

Prior authorization is required for an admission for same day surgical services.

TN No. 15-0015

Supersedes

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Effective Date April 27, 2015

SERVICES

12. Prescribed Drugs, Dentures, Prosthetic Devices and Eyeglasses

12a. Prescribed Drugs (continued)

5. Preferred Drug List with Prior Authorization

- a. The state has established a preferred drug list with prior authorization for drugs not designated as preferred pursuant to 42 U.S.C. section 139r-8. Prior authorization will be provided with a 24-hour turn-around from receipt of request and a 72-hour supply of drugs in emergency situations.
- b. Prior authorization is also required for certain drug classes, particular drugs or medically accepted indication for uses and doses in compliance with Federal law.
- c. The state will utilize the established Pharmaceutical and Therapeutic Committee or the drug utilization review committee in accordance with Federal law.
- d. The Preferred Drug List is for Pennsylvania State Medicaid beneficiaries receiving pharmacy benefits through the Medicaid Fee-For-Service Program only.

6. [RESERVED].

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

d. Rehabilitative Services.

☒ Provided:
☐ Not provided

☒ No limitations

☐ With limitations

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided:

☒ No limitations

☐ With limitations

b. Nursing facility services.

☒ Provided:

☒ No limitations

☐ With limitations

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SERVICES

13d. (iv) Peer Support Services (42 CFR 440.130(d))(continued)

- A person must meet the federal definition of serious mental illness; must have a diagnosis of schizophrenia, major mood disorder, psychotic disorder NOS or borderline personality disorder; and must meet at least one of the following criteria: Treatment History, Functioning Level or Coexisting Condition or Circumstance; or,
- Any individual who met the standards for involuntary treatment (as defined in Chapter 5100 Regulations – Mental Health Procedures) within the 12 months preceding the assessment.
- Peer specialists will complete a peer specialist certification training curriculum approved by the Department before providing peer support services.
- Peer specialists will complete 18 hours of continuing education training per year with 12 hours specifically focused on peer support or Recovery practices, or both, in order to maintain peer specialist certification.

Supervision: A PSS mental health professional maintains clinical oversight of peer support services, which includes ensuring that services and supervision are provided consistent with the service requirements. An individual qualifies as a PSS mental health profession if they meet **either** (a) or (b) below:

- a) A Mental Health Professional who meets one of the following criteria:
 - A master's degree in social work, psychology, rehabilitation, activity therapies, counseling, education or related fields and 3 years of mental health direct care experience
 - A bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field, or be a registered nurse, and 5 years of mental health direct care experience, 2 of which shall include supervisory experience
 - A bachelor's degree in nursing and 3 years of mental health direct care experience
 - A registered nurse license, certified in psychology or psychiatry
- b) A Mental Health Professional who is trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology or nursing or rehabilitation or activity therapies who has a graduate degree and one year of mental health clinical experience.

Care Coordination: The provider will ensure the initial and all subsequent Individual Service Plans will specify: measurable goals and objectives written in individualized and outcome-oriented language; the services to be provided, including the expected frequency and duration; the location where the services will be provided; and the peer specialist's role in relating to the beneficiary and involved other persons.

TN No. 15-0015
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SERVICES

18. Hospice Services (42 CFR 418)

Limitations

1. Coverage for inpatient respite care is limited to no more than five (5) consecutive days in a sixty (60) day certification period.
2. Beneficiary must be certified as being terminally ill by a doctor of medicine or osteopathy and agree to waive rights to MA Program covered services related to the treatment of the terminal condition for which hospice care was elected or a related condition.
3. In accordance with section 2302 of the ACA, individuals under the age of 21 may receive hospice care concurrently with curative care.

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