

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-15-0019

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
- 4) Additional Attachments that are part of the state plan

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 #081320154082

SEP 04 2015

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


Dear Secretary Dallas:

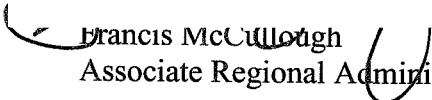
The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 15-0019 (S59) entitled, "Individuals Eligible for Family Planning Services." Pursuant to PA-15-0019 (S59), the State elects to cover individuals who are not pregnant, and have household income at or below a standard established by the State, and whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214. This SPA supersedes S59 from TN No. 14-0012-MM1.

This SPA was approved on August 21, 2015 with an effective date of July 1, 2015. Enclosed are:

1. The CMS Summary Page (CMS-179 form);
2. The approved State Plan pages for PA-15-0019 (S59); and
3. Attachment to S59, "INDIVIDUALS ELIGIBLE FOR FAMILY PLANNING SERVICES."

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

Sincerely,  /s/


Francis McCullough
Associate Regional Administrator

Control Panel

General Information

File Management

Tribal Input

Summary (CMS179)

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.
15-0019

Proposed Effective Date

07/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(ii)(XXI), 42 CFR 435.214

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	2015	\$ 298181.00
Second Year	2016	\$ 1192726.00

Subject of Amendment

Character Count: 98 out of 1000
S59 - Eligibility Groups - Options for Coverage, Individuals Eligible for Family Planning Services

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:

Character Count: 41 out of 1000

Signature of State Agency Official

Submitted By: Shannon Brown

Last Revision Date: Aug 12, 2015

Submit Date: Aug 12, 2015

BACK

CONTINUE



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0019

Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes No

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

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

- The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
- The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.
- The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

- The maximum income standard
- Another income standard less than the maximum standard allowed.

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

In determining eligibility for this group, the state uses the following household size:



Medicaid Eligibility

All of the members of the family are included in the household

Only the applicant is included in the household

The state increases the household size by one

In determining eligibility for this group, the state uses the following income methodology:

The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).

The state considers only the income of the applicant.

Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

Yes No

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

**INDIVIDUALS ELIGIBLE FOR FAMILY PLANNING SERVICES
(Attachment to S59)**

TRANSMITTAL NUMBER:

15-0019

STATE:

Pennsylvania

The elections made in S59 apply to the group covering all individuals described in section 1902(ii).

In addition, the state is covering a categorical population listed under section 1902(a)(10)(A)(ii)(XXI) of the Social Security Act and 42 CFR 435.214: individuals described in clause (i) of 1905(a) (i.e., individuals under age 21).

In determining eligibility for this reasonable classification of children, the elections made in S59 apply to the group covering individuals under age 21 who also are described in section 1902(ii) except that, in determining eligibility for this group, the state considers only the income of the applicant.