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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-15-0023

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 # 071520154104

December 22, 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 15-0023 which amends Attachments 3.1A/3.1B of the Pennsylvania Medicaid State Plan to provide family planning services as authorized by the Family Planning State Plan option under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148), effective July 1, 2015. SPA PA-15-0023 authorizes the provision of family planning and family planning-related services, pharmaceuticals and supplies to men and women of any age, who are not otherwise eligible for Medical Assistance and who are not pregnant and have income at or below 215 percent of the Federal Poverty Limit.

This SPA is approved with an effective date of July 1, 2015. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan pages for PA-15-0023;

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

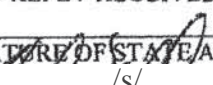
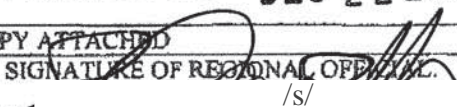
Sincerely,

Francis T.

Mccullough -S

Digitally signed by
Francis T. Mccullough -S
Date: 2015.12.22 17:17:26
-05'00'

Francis McCullough
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0023	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 July 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: Section 1905 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 17,216 b. FFY 2016 \$ 68,863	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1A/3.1B, Page 2, 2a, 2aa		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1A/3.1B, Page 2, 2a, 2aa	
10. SUBJECT OF AMENDMENT: Expansion of family planning services through the State Plan option provided for under the Affordable Care Act (Pub. L. No. 111-148).			
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 Public Welfare			
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: Secretary of Human Services			
15. DATE SUBMITTED: JUL 1 9 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DEC 22 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1 2015		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME: Francis McCullough		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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

- 4c. (i) Family planning services and supplies for beneficiaries of child-bearing age and for individuals eligible pursuant to Attachment S59 and in accordance with section 1905(a)(4)(C) of the Act, if this eligibility option is elected by the State.

Provided: ☒ No limitations ☐ With limitations

Please describe any limitations:

None

- 4c. (ii) Family planning-related services provided under the above State Eligibility Option.

Provided: ☐ No limitations ☒ With limitations

- 4d. Face-to-face tobacco cessation counseling services for pregnant women.

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

+Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

- 5a. Physicians' services whether furnished in the office, the beneficiary's home, a hospital, a skilled nursing facility or elsewhere.

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

- 5b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a) (5) (B) of the Act).

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

SERVICES

4c(ii) Family planning-related services provided under the above State Eligibility Option.

Limitations

Family planning-related services are limited to medical diagnosis and outpatient treatment services provided in a family planning setting as part of, or as follow-up to, a family planning visit and will include certain services for the prevention and treatment of sexually transmitted diseases.

SERVICES

4d. Tobacco Cessation Counseling Services for Pregnant Women

Face-to-Face Counseling Services provided:

1. By or under supervision of a physician;
2. By any other health care professional who is legally authorized to furnish such services under state law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
3. Any other health care professional legally authorized to provide tobacco cessation services under state law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time.)