

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-16-0029

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 # 072020164009

September 1, 2016

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 16-0029, "Alignment with Section 1557 of the ACA as Implemented by Final Rule." SPA PA-16-0029 amends Attachment 3.1.A/3.1B, page iii, to align with Section 1557 of the Affordable Care Act as implemented in the final rule, "Nondiscrimination in Health Programs and Activities," issued by the United States Department of Health and Human Services, Office of Civil Rights on May 18, 2016. Specifically, the final rule at 45 CFR § 92.207, prohibits covered entities (which includes state Medicaid programs) from imposing categorical coverage exclusions for services related to gender transition. SPA 16-0029 removes language from the State Plan that would be in conflict with this federal rule.

This SPA is approved with an effective date of July 18, 2016. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan page for PA-16-0029;

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

Sincerely,

Francis T.

Mccullough -S

Francis McCullough
Associate Regional Administrator

Digitally signed by
Francis T. Mccullough -S
Date: 2016.09.01
15:01:26 -04'00'

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0029	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 July 18, 2016	
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 1557 of the Patient Protection and Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$1,185,000 b. FFY 2017 \$4,718,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A/3.1B, page iii		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A/3.1B, page iii	
10. SUBJECT OF AMENDMENT: Alignment with Section 1557 of the ACA as Implemented by Final Rule			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Department of Human Services			
13. TYPED NAME: Theodore Dallas		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, Pennsylvania 17105	
14. TITLE: Secretary of Human Services			
15. DATE SUBMITTED: JUL 11 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: September 1, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 18, 2016		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

1. Limitations do not apply to those beneficiaries who are pregnant
2. The following medical services are not covered through the Medical Assistance Program:
 - a. Any medical services, procedures, or pharmaceuticals related to treating infertility.
 - b. Surgical, medical, diagnostic or therapeutic procedures performed solely for experimental, research, or educational purposes.
 - c. Acupuncture.
 - d. Gastroplasty for morbid obesity, gastric stapling, or ileo-jejunal shunt- except when all other types of treatment of morbid obesity have failed.
 - e. Cosmetic surgery- unless performed to improve the functioning of a malformed body member, to correct a visible disfigurement which would affect the ability of the person to obtain or hold employment, or a post mastectomy breast reconstruction.

TN No. 16-0029
Supersedes
TN No. 15-0011

Approval Date September 1, 2016

Effective Date July 18, 2016