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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 20-0011

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 28, 2021

Teresa D. Miller, Secretary
Department of Human Services
P.O. Box 2675
Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 20-0011

Dear Secretary Miller:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0011. This amendment proposes to provide Medicaid coverage of durable medical equipment to support beneficiaries' mobility-related activities of daily living.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.70. This letter is to inform you that Pennsylvania's Medicaid SPA Transmittal Number 20-0011 is approved effective April 1, 2020.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at Dan.Belnap@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Sally Kozak
Eve Lickers
Lacey Gates

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
20-0011

2. STATE
Pennsylvania

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2020

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

42 CFR 440.70(b)(3)

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$12,740,609
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A/3.1B, ~~page 3fa (New)~~ pages 3f and 3fa

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment 3.1A/3.1B, page 3f

10. SUBJECT OF AMENDMENT

The State Plan is being amended to reflect that Pennsylvania allows coverage for home accessibility durable medical equipment to support mobility-related activities of daily living within the home, including entering and exiting the home, for Medical Assistance beneficiaries.

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

13. TYPED NAME

Teresa D. Miller

14. TITLE

Secretary of Human Services

15. DATE SUBMITTED

~~June 29, 2020~~ June 30, 2020

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 17105-2675

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
June 30, 2020

18. DATE APPROVED
April 26, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2020

20. SIGNATURE OF REGIONAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

Pen and Ink changes made with the state's permission to box 8 (to add Attachment 3.1A/3.1B page 3f), box 9 (to add Attachment 3.1A/3.1B page 3f), and to box 15 (to reflect accurate submission date). (db)

SERVICES

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

7c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at §440.70(c)(1). (42 CFR 440.70(b)(3))

Wheelchair lifts, stair glides, ceiling lifts, metal accessibility ramps and other items that are used by a beneficiary with a mobility impairment to enter and exit the home or to support activities of daily living; and are removeable or reusable without damage to the item. Coverage includes installation.

1. Installation of the medical equipment and appliances includes, but is not limited to:
 - a. Parts or supplies provided or recommended by the manufacturer for attaching or mounting the item to the surface at the home or residence
 - b. Labor to attach or mount the item to a surface per the manufacturer's installation guide
 - c. Required permits
 - d. Installing an electrical outlet or connection to an existing electrical source
 - e. Pouring a concrete foundation (slab) according to the manufacturer's instructions (which may include leveling the ground under the concrete foundation)
 - f. External supports, such as bracing a wall
 - g. Removing a portion of an existing railing or bannister only as needed to accommodate the equipment

Limitations

1. Prior authorization is required for rental of all medical appliances or equipment for periods exceeding six (6) months. The Department also requires prior authorization for some rental of medical appliances or equipment for periods of less than six (6) months.
2. In the event that a beneficiary is in the immediate need of a service or an item requiring prior authorization, and the situation is an emergency, the prescriber may indicate that the prescription be filled by the provider before submitting the prior authorization form.
3. Prior authorization is required for the purchase of all appliances or equipment if the appliance or equipment costs more than six hundred dollars (\$600). The Department also requires prior authorization for the purchase of some appliances or equipment that cost less than six hundred dollars (\$600).
4. Home modifications are not covered. Home modifications include:
 - a. Modifications to the home or place of residence
 - b. Repairs of the home, including repairs caused by the installation, use, or removal of the medical equipment or appliance; and
 - c. Changes to the internal or external infrastructure of the home or residence including:
 - i. Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor
 - ii. Constructing retaining walls or footers for a retaining wall
 - iii. Installation of or modification of a deck
 - iv. Installation of a driveway or sidewalk
 - v. Upgrading the electrical system
 - vi. Plumbing
 - vii. Ventilation or HVAC work
 - viii. Widening a doorway
 - ix. Drywall

SERVICES

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

7c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at §440.70(c)(1). (42 CFR 440.70(b)(3)) (continued)

- x. Painting
- xi. Installation of flooring
- xii. Tile work
- xiii. Demolition of existing property or structure.

Limitations for oxygen and related equipment

1. Beneficiaries must have had a comprehensive cardiopulmonary evaluation that resulted in an established diagnosis of the cause of the respiratory disability.
2. Prior approval is required for initial prescriptions for oxygen and related equipment unless the physician has certified that the beneficiary is adequately prepared to use oxygen equipment and the physical surroundings in the home are suitable to its use. Prior authorization is not required after forty-five (45) days of continued use if prescribed by a physician.
3. The physician must recertify orders for oxygen at least every six (6) months.

TN No. 20-0011
Supersedes
TN No. New

Approval Date April 26, 2021

Effective Date April 1, 2020