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## **State/Territory Name: Pennsylvania**

# State Plan Amendment (SPA) #: 22-0013

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



Medicaid and CHIP Operations Group

April 7, 2022

M. Snead Acting Secretary Pennsylvania Department of Human Services P.O. Box 2675 Harrisburg, PA 17105

Re: Pennsylvania State Plan Amendment (SPA) 22-0013

Dear Acting Secretary Snead:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0013. This amendment provides required assurances that the state is appropriately covering and paying for routine patient costs of items and services for beneficiaries enrolled in qualifying clinical trials.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Pennsylvania Medicaid SPA 22-0013 was approved on April 7, 2022, with an effective date of January 1, 2022.

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: Eve Lickers Pam Machamer-Peechatka Lacey Gates

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER SPOR MEDICARE & MEDICAID SERVICES   1. TRANSMITTAL NUMBER   2		
SECURITY ACT   SECURITY	STATE PLAN MATERIAL	
CENTERS FOR MEDICAID & CHIP SERVICES   January 1, 2022     S. FEDERAL STATUTE/REGULATION CITATION   6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)     1905(a)(30) and 1905(gg)(1-3) of the Social Security Act   b. FFV_2022 \$ 0     T. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT   8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT     Attachment 3.1A/3.1B, Page 13 - New   N/A     S. SUBJECT OF AMENDMENT   N/A     Coverage of the routine patient costs for beneficiaries in qualifying clinical trials.   If. RETURN NC     OGVERNOR'S OFFICE REPORTED NO COMMENT   Commonwealth of Pennsylvania     OFFICIAL   15. RETURN TO     Commonwealth of Pennsylvania   Department of Human Services     Harrisburg, Pennsylvania   Official Assistance Programs     Bureau OF POICy, Analysis and Planning   P.O. Box 2875     Harrisburg, Pennsylvania 17105-2675   If. DATE APPROVED     March 29, 2022   FOR CMS USE ONLY     16. DATE RECEIVED MARC OF APPROVIDE MATERIAL January 1, 2022   17. DATE APPROVED     April 7, 2022   PLAN APPROVED - ONE COPY ATTACHED     18. EFFECTIVE DATE OF APPROVING OFFICIAL January 1, 2022   21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations		
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## AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED CATEGORICALLY AND MEDICALLY NEEDY GROUP(S)

### 30. Coverage of Routine Patient Cost in Qualifying Clinical Trial

\*The state needs to check each assurance below.

Provided: \_\_X\_\_\_\_

I. General Assurances:

### Routine Patient Cost – Section 1905(gg)(1)

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

### Qualifying Clinical Trial – Section 1905(gg)(2)

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

### Coverage Determination – Section 1905(gg)(3)

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).