

## **Table of Contents**

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

**State Plan Amendment (SPA) #:** **22-0036**

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

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January 31, 2023

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

Re: Pennsylvania State Plan Amendment (SPA) 22-0036

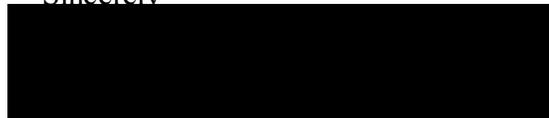
Dear Acting Secretary Snead:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0036. This amendment proposes to increase the maximum monthly court-ordered guardian fee deduction for the purposes of determining a long-term care recipient's monthly cost of care.

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 22-0036 was approved on January 30, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

Sincerely



James G. Scott, Director  
Division of Program Operations

cc: Nicole Silks  
Marcia Mikos

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 3 6

2. STATE

PA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 435.725(c)(1)(iii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 2,410,120  
b. FFY 2024 \$ 3,501,943

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Pages 1 and 2 of Supplement 12 to Attachment 2.6-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

TN 09-013, Pages 1 and 2 of Supplement 12 to Attachment 2.6-A

9. SUBJECT OF AMENDMENT

Increase to the maximum court-ordered guardian fee allowance.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Meg Snead

13. TITLE

Acting Secretary of Department of Human Services

14. DATE SUBMITTED

December 20, 2022

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 20, 2022

17. DATE APPROVED

January 30, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

**POSTELIGIBILITY PERSONAL NEEDS ALLOWANCE DEDUCTIONS FOR PERSONS IN INTERMEDIATE CARE FACILITIES AND IN MEDICAID CERTIFIED STATE VETERANS' HOMES**

1. In addition to the basic personal needs allowance (PNA), an amount of \$20 a month for an individual in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Intermediate Care Facilities with Other Related Conditions (ICF/ORC), State Mental Hospital\* equivalent to Institutions for Mental Diseases (IMDs) or Public Mental Hospital\* equivalent to IMDs who has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which do not exceed \$50 gross per month.
2. In addition to the basic PNA, an amount of \$40 a month for an individual in an ICF/IID, ICF/ORC, State Mental Hospital\* equivalent to IMDs or Public Mental Hospital\* equivalent to IMDs who has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which are more than \$50 gross per month but do not exceed \$90 gross per month.
3. In addition to the basic PNA, an amount of \$80 a month for an individual in an ICF/IID, ICF/ORC, State Mental Hospitals\* equivalent to IMDs or Public Mental Hospital\* equivalent to IMDs who has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which are more than \$90 gross per month but do not exceed \$150 gross per month.
4. In addition to the basic PNA, an amount of \$80 a month plus 50 percent of the difference between the actual gross earnings and \$150.01 but not to exceed the one-person Categorically needy Nonmoney Payment (NMP-MA) income limit which is the Federal Benefit Rate plus the State Supplement payable under Title XVI of the Social Security Act (42 U.S.C.A. §§ 1381-1383C) if the individual in an ICF/IID, ICF/ORC, State Mental Hospital\* equivalent to IMDs or Public Mental Hospital\* equivalent to IMDs has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which are more than \$150 gross per month.
5. In addition to the basic PNA, an individual residing in a State Veterans' Home will receive an additional personal needs allowance of \$405.

The PNA is increased for individuals who reside in a Medicaid-certified State Veterans' Home based on these higher needs:

TN# 22-0036

Supersedes

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TN# 09-013

A significant portion of the residents of State Veterans' Homes reside in a home that is not in the county of the resident's last community residence prior to institutionalization, resulting in additional expenses for transportation and communication;

The State Veterans' Homes provide opportunities for the residents to engage in external social activities. This includes attending social functions at veteran organization for integrated community-based socialization and comradeship with other veterans. This requires in the veteran incurring additional expenses for which extra funds are required.

The State Veterans' Homes provide on-campus access to goods and services including canteens and vending areas, which allows for normalized activities of daily living. This results in the veteran incurring additional expenses for which extra funds are required.

6. In addition to the basic PNA and the greater PNA for an individual in an ICF/IID, ICF/ORC, State Mental Hospital\* equivalent to IMD or Public Mental Hospital\* equivalent to IMD, or State Veterans Home as described in items 1 through 5, if applicable, an individual in an institution who is required by a court order to pay a fee to a guardian for services rendered will receive a guardian fee allowance. The amount of the guardian fee allowance is \$300 per month OR the court-authorized fee, whichever is less.

\* Does not apply to individuals between the ages of 21 thru 64.

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Supersedes

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TN# 09-013