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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 23-0016

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 Page



Medicaid and CHIP Operations Group

December 4, 2023

Valerie A. Arkoosh, MD, MPH Secretary, Department of Human Services P.O. Box 2675 Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 23-0016

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 23-0016. This amendment provides coverage without cost sharing for adult vaccines and their administration for all U.S. Food and Drug Administration approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), as described in Section 1905(a)(13)(B) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act 1905(a)(13)(B) and implementing regulations Title 42 of the Code of Federal Regulations §440.130(c). This letter is to inform you that Pennsylvania's Medicaid SPA 23-0016 was approved on December 4, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Margaret Kosherzenko at (215) 861-4288 or via email at <u>Margaret.Kosherzenko@cms.hhs.gov</u>.

Sincerely.



James G. Scott, Director Division of Program Operations

Enclosures

cc: Sally Kozak Eve Lickers Lacey Walker

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 2 3 0 1 6 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 October 1, 2023
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0
42 CFR 440.130(c) and 1905(a)(13)(B)	a FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A/3.1B - Page 5k	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1A/3.1B - Page 5k
9. SUBJECT OF AMENDMENT Coverage of Adult Vaccines 10. GOVERNOR'S REVIEW (Check One) O GOVERNOR'S OFFICE REPORTED NO COMMENT O THER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
	15. RETURN TO Commonwealth of Pennsylvania Department of Human Services
13. TITLE	Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 2675 Harrisburg, Pennsylvania 17105-2675
14. DATE SUBMITTED October 6, 2023	
FOR CMS U	
	17. DATE APPROVED
10/06/2023	12/04/2023
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIC	
10/01/2023	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott 22. REMARKS	Director, Division of Program Operations

SERVICES

13. Diagnostic, Screening, Preventive, and Rehabilitative Services

13c. Preventive Services (42 CFR 440.130(c))

Medicaid services not otherwise covered under the State Plan are limited to beneficiaries under 21 years of age.

All U.S. Food and Drug Administration approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration are covered without cost-sharing, as described in Section 1905(a)(13)(B) of the Social Security Act. Coverage and billing codes of approved vaccines and their administration will be updated as necessary to reflect changes to ACIP recommendations.

Limitations

1. Coverage for tobacco cessation counseling services to individuals 21 years of age and older is limited to seventy (70), fifteen (15) minute units per CY.