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**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 24-0023**

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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February 27, 2025

Valerie A. Arkoosh, MD, MPH

Secretary

Department of Human Services

P.O. Box 2675

Harrisburg, PA 17105-2675

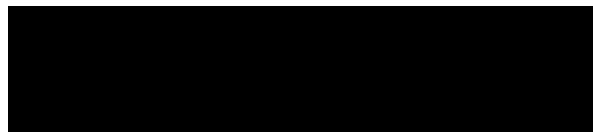
Re: Pennsylvania State Plan Amendment (SPA) 24-0023

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0023. This amendment increases the monthly personal needs allowance deduction for institutionalized individuals.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and Code of the Federal Regulations 42 CFR § 435.725(c)(1). This letter is to inform you that Pennsylvania Medicaid SPA 24-0023 was approved on February 27, 2025, with an effective date of January 1, 2025.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).



Ruth A. Hughes, Acting Director  
Division of Program Operations

cc: Sally Kozak  
Karen Fickes  
Eve Lickers  
Lacey Walker

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 3

2. STATE

P A3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 435.725(c)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 3,332,354b. FFY 2026 \$ 4,521,371

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, Pages 4 and 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 2.6-A, Pages 4 and 5

9. SUBJECT OF AMENDMENT

Increase to the monthly personal needs allowance deduction for institutionalized individuals.

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:

SIGNATURE OF STATE OFFICIAL

12. TYPED NAME

Valerie Arkoosh

13. TITLE

Secretary of the Department of Human Services

14. DATE SUBMITTED

December 5, 2024

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

12/30/2024

17. DATE APPROVED

02/27/2025

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State: Pennsylvania

Citation	Condition or Requirement
435.725 435.733 435.832	B. <u>Posteligibility Treatment of Institutionalized Individuals</u>
1902(0) of the Act	1. The following amounts are not considered in the posteligibility process:
Bondy v. Sullivan (SSI)	a. SSI and SSP benefits paid under § § 1611(e)(1)(E) and (G) of the Act to the individuals who receive institutional care.
1902(r)(1) of the Act	b. Austrian Reparation Payments (pension (reparation)) payments made under §§500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
105/206 of P.L. 100-383	c. German Reparation Payments (reparation payments made by the Federal Republic of Germany).
10405 of P.L. 101-239	d. Japanese and Aleutian Restitution Payments.
6(h)(2) of	e. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).
	f. Radiation Exposure Compensation
	2. The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:
	a. Personal Needs Allowance
	(i) Aged, blind, disabled – Individuals \$60 (Effective January 1, 2025) Couples \$120 (Effective January 1, 2025)
	(ii) For the following individuals with greater need, see <u>SUPPLEMENT 12 to ATTACHMENT 2.6-A</u> .
	Supplement 12 to ATTACHMENT 2.6-A describes the greater need, describes the basis or formula for determining the deductible.

State: Pennsylvania

Citation	Condition or Requirement						
	<ul style="list-style-type: none"> <li>b. TANF related-Children \$60 Adults \$60</li> <li>c. Individuals under age 21 covered in this plan as specified in Item B. 7. of <u>ATTACHMENT 2.2-A</u>. \$60</li> </ul>						
Social Security Act §1924	<p>3. For maintenance of the non-institutionalized spouse only. The monthly income allowance for the community spouse (using the formula in §1924(d)(2)) is the amount by which a maintenance needs standards exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3) (C).</p> <p>The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component (§§1924(d)(3)(A)) exceeds the dependent family member's income.</p> <p>4. An amount for the maintenance of each family member with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the highest of –</p> <table> <tr> <td>TANF level</td><td>\$ <u>See attached cash schedule</u></td></tr> <tr> <td>Medically needy level</td><td>\$ _____</td></tr> <tr> <td>Other as follows</td><td>\$ _____</td></tr> </table> <p>5. Amounts for incurred medical expenses not subject to payment by a third party.</p> <ul style="list-style-type: none"> <li>a. Health Insurance premiums, deductibles and coinsurance charges.</li> <li>b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in <u>Supplement 3 to ATTACHMENT 2.6-A</u>).</li> </ul> <p>6. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified. he or she is likely to return home within that period</p> <p><u>X</u> Yes. Amount for maintenance of the home is the sum of the one-person SSI Federal Benefit Rate and State Supplement updated annually.</p> <p>___ No.</p>	TANF level	\$ <u>See attached cash schedule</u>	Medically needy level	\$ _____	Other as follows	\$ _____
TANF level	\$ <u>See attached cash schedule</u>						
Medically needy level	\$ _____						
Other as follows	\$ _____						