

Table of Contents

State/Territory Name: **Pennsylvania**

State Plan Amendment (SPA) #: **25-0003**

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 2, 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) 25-0003

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment adds coverage of and payment for doula services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations §440.130(c). This letter is to inform you that Pennsylvania Medicaid SPA 25-0003 was approved on April 2, 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.

Sincerely,



Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

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 5 — 0 0 0 3

2. STATE

PA3. 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

01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 939,000b. FFY 2026 \$ 5,921,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A/3.1B - Page 5I (New)Attachment 4.19B - Page 38. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19B - Page 3

9. SUBJECT OF AMENDMENT

Coverage of and Payment for Doula Services in Pennsylvania's Medicaid State Plan.

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:

OFFICIAL

12. TYPED NAME

Valerie A. Arkoosh, MD, MPH

13. TITLE

Secretary of Human Services

14. DATE SUBMITTED

January 6, 2025

15. 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 CMS USE ONLY

16. DATE RECEIVED

01/06/2025

17. DATE APPROVED

04/02/2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNATURE OF

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

SERVICES

13. Diagnostic, Screening, Preventive, and Rehabilitative Services

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

(i) Doula Services

Doulas are non-medical, trained professionals who provide emotional, physical, and informational support and guidance during the perinatal period with the goal of improving health outcomes for pregnant and postpartum individuals and their infants. Doula services may include labor support, emotional support, evidence-supported educational materials and guidance, and assistance with health care and community-based resources. Services may include prenatal visits, labor and delivery, postpartum visits, and other perinatal related visits.

Doula services must be recommended by a physician, physician assistant, certified registered nurse practitioner, certified nurse midwife, licensed professional counselor, licensed marriage and family therapist, licensed clinical social worker, or licensed psychologist.

Provider Qualifications:

Doulas must be 18 years of age or older and be certified as a perinatal doula by the Pennsylvania Certification Board.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

CARE OR SERVICE	POLICY/METHODS USED TO ESTABLISH PAYMENT RATES
10. Prosthesis, Appliances, Medical Equipment and Supplies	<p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of prosthesis, appliances, medical equipment and supplies. The agency's fee schedule (rate) was last updated on December 10, 2012, and is effective for services provided on or after that date. All rates are published on the agency's website at: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm.</p> <p>State Agency Fee Schedule Based on Established Criteria.*</p> <ol style="list-style-type: none"> 1. One (1) month's rental fee will be applied to the purchase price of durable medical equipment. 2. Home health agencies are not reimbursed for supplies routinely needed as part of furnishing home health care.
11. Laboratory and X-ray Services	<p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory and x-ray services. The agency's fee schedule (rate) was last updated on December 10, 2012, and is effective for services provided on or after that date. All rates are published on the agency's website at: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm.</p> <p>State Agency Fee Schedule Based on Established Criteria.*</p>
12. Public and Private Skilled Nursing Facility Services	See Attachment 4.19-D.
13. Public and Private Intermediate Care	See Attachment 4.19-D.
14. ICF/MR (Intermediate Care Facility Services for the Intellectually Disabled)	See Attachment 4.19-D.
15. Other Diagnostic, Screening, Preventive, and Rehabilitative Services	<p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of other diagnostic, screening, preventive, and rehabilitative services. The agency's fee schedule (rate) was last updated on January 1, 2025, and is effective for services provided on or after that date. All rates are published on the agency's website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx.</p> <p>State Agency Fee Schedule Based on Established Criteria.*</p>
16. Outpatient Hospital Services	<p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient hospital services. The agency's fee schedule (rate) was last updated on June 5, 2012, and is effective for services provided on or after that date. All rates are published on the agency's website at: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm.</p> <p>State Agency Fee Schedule Based on Established Criteria.*</p> <p>Hospitals that qualify for disproportionate share payments as per attachment 4.19A, Part III.</p>
17. Inpatient Psychiatric Services	See Attachment 4.19-A.
18. Birth Center Services	<p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of birth center services.</p> <p>Freestanding birth centers are paid a facility fee. Physicians and Certified Nurse Midwives providing services in the freestanding birth centers are paid using fee schedule rates as referenced in section 4.19B, page 1 of the State Plan under Individual Practitioner Services. The agency's fee schedule rates were set as of September 1, 2013. All rates are published on the agency's website at: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm</p> <p>State Agency Fee Schedule Based on Established Criteria.*</p>
19. Targeted service management for persons with intellectual disabilities	See Attachment 4.19B Page 8