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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 25-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

June 26, 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) 25-0007

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0007. This amendment proposes to assure coverage for clinic services outside of the "four walls" of behavioral health clinics or clinics located in rural areas.

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 §440.90. This letter informs you that Pennsylvania's Medicaid SPA TN 25-0007 was approved on June 26, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Pennsylvania State Plan.

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

Sincerely,

Shantrina Roberts, Acting Director Division of Program Operations

Enclosures

cc: Sally Kozak
Eve Lickers
Pamela Machamer-Peechatka
Lacey Walker

CENTERS FOR MEDICARE & MEDICAID SERVICES	OND 146. \$300-130
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 5 — 0 0 0 7 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, 2025
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.90(d) and (e)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2025 \$ 0 b. FFY 2026 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (# Applicable)
-Amendment to Attachment 3,1A/3:1B pages 4a - 4ff	3.1A-3.1B pages 4a-4ff-
Attachment 3.1A/3.1B, pages 4a-4f	Attachment 3.1A/3.1B, pages 4a-4ff (all pages in this sequence)
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:
	15. RETURN TO
3000	Commonwealth of Pennsylvania
12 TYPED NAME	Department of Human Services
Valerie A Arkoosh MD MPH	Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning
13. IIILE	P.O. Box 2675
Secretary of Human Services 14. DATE SUBMITTED March 31, 2025	Harrisburg, Pennsylvania 17105-2675
FOR CMS U	SE ONLY
	17. DATE APPROVED 06/26/2025
PLAN APPROVED - ON	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Shantrina Roberts	Acting Director, Division of Program Operations
22. REMARKS	
Box 7: State authorized pen and ink change on 06/24/2025. Box	8: State authorized pen and ink change on 06/24/2025.

		Attachment 3.1-A and 3.1-B
		4 a
	State Plan under Title XIX of the Social Secur	ity Act
	State/Territory: Pennsylv a n ìa	
	Section 1905(a)(9) Clinic Services	
	provides coverage for this benefit as defined at section §1 purity Act (the Act) and 42 C.F.R. 440.90 and as described	
General A	ssurances	
[Select all	three checkboxes below.]	
\checkmark	The state assures services are furnished by a facility that in accordance with 42 C.F.R. 440.90.	t is not part of a hospital
√	The state assures that services are furnished by facilities operated to provide medical care to outpatients in accord 440.90.	•
\checkmark	The state assures that services are furnished under the dentist in accordance with 42 C.F.R. 440.90(a).	direction of a physician or
Types of 0	Clinic Services and Limitations in Amount, Duration, o	or Scope
-	applicable, describe below, and indicate if limits may e determined medical necessity criteria.]	be exceeded based
	Limitations apply to all services within the benefit categor	y.
Centers for Me the Privacy Act law. An agency unless it displanumber for this	e Statement - This use of this form is mandatory and the inform dicare & Medicaid Services in implementing section §1905(a)(§ t of 1974, any personally identifying information obtained will be a may not conduct or sponsor, and a person is not required to reasys a currently valid Office of Management and Budget (OMB) of project is 0938-1148 (CMS-10398 #91). Public burden for all cander this control number is estimated to take about 25 hours personally.	a) of the Social Security Act. Under kept private to the extent of the espond to a collection of information control number. The OMB control of the collection of information

Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. 25-0007 Approval Date: June 26, 2025 Effective: Vanuary 1, 2025 Supersedes TN: 15-0015

regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance

		Attachment 3.1-A and 3.1		
		4 b		
	State Plan under Title XIX of the Social Se	curity Act		
	State/Territory: Penn syania			
	Section 1905(a)(9) Clinic Services			
Types of	Clinics and Services:			
[Select a	all that apply and describe below as applicable]			
Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:				
	Psychiatric Clinics Provider Qualifications - Psychiatric clinics must compliance from the Department, Office of Menta Substance Abuse Services. Drug and Alcohol and Methadone Maintenance of Provider Qualifications - Drug and alcohol outpat or provisionally licensed by the Department of Drugrams. A drug and alcohol clinic may provide maintenance if approved to do so by the Department Alcohol Programs.	al Health and Clinic services tient clinics must be fully rug and Alcohol methadone ment of Drug and		
	Limitations apply only to this dinic type within the [Describe below and indicate if limits may be upon state determined medical necessity cri	e exceeded based		

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C 4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0007			
Supe	rsedes TN:	15-0015		

Approval Date: June 26, 2025

Effective: January 1, 2025

	Attachment 3.1-A and 3.1-B
	4c
State Plan under Title XIX of the Social	Security Act
State/Territory: Pen nylv an ia	
Section 1905(a)(9) Clinic Servi	ces
tHS and Tribal Clinics [Select below if applicable	e.] :
Limitations apply only to this clinic type withing the clinic type within the clinic type within the clinic type withing the clinic type within the clinic	y be exceeded based upon
Renal Dialysis Clinics [Select below if applicable	e.]:
Limitations apply only to this clinic type with [Describe below and indicate if limits ma state determined medical necessity criteria.]	y be exceeded based upon
 Initial training for home dialysis, provious clinic, is limited to twenty-four (24) sess Dialysis procedures provided as backlimited to seventy-five (75) per calendar 	ions per beneficiary. k-up to home dialysis are
Other Clinics [Describe the types of clinics, if a and select below if applicable.]:	ny limitations apply,
 Independent Medical Clinics Ambulatory Surgical Center (42 CFR 416) - Prior an admission for same day surgical services. 	or authorization is required for
e Statement - This use of this form is mandatory and the edicare & Medicaid Services in implementing section §19 to f 1974, any personally identifying information obtained may not conduct or sponsor, and a person is not requiracy a currently valid Office of Management and Budget (905(a)(9) of the Social Security Act. Under d will be kept private to the extent of the red to respond to a collection of information

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security—Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0007	Approval Date:	June 26, 202	5
Supe	ersedes TN: 15-0011, 15-0015	Effective: Janua	ry 1, 2025	

Attachme	nt 3.1-A and 3.1-B
4d	

State Plan under Titl	XIX of the	Social Securit	v Act
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State/Territory: Pen nylv an ia

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

✓	Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
	Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education

Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of

The state elects to cover the following services outside of the clinic [Select all that apply.]:

a physician in accordance with 42 C.F.R. 440.90(c).

Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

Psychiatric Clinics, Drug and Alcohol Clinics, and Methadone Maintenance Clinics - Providers must make clinic services available at the clinic when clinically appropriate or when requested by the beneficiary.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security—Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0007		Approval Date: June 26, 2025	_
Supe	rsedes TN:	New	Effective: January 1, 2025	

	Attachment 3.1-A and 3.1-B
	4 e
State Plan under Title XIX of the Social Secu	urity Act
State/Territory: Pennsylvania	
Section 1905(a)(9) Clinic Services	
Services furnished outside of a clinic that is located in a rural health clinic (as referenced in section §1905(a)(2)(C.F.R. 440.20(b) of this subpart) by clinic personnel uno physician in accordance with 42 C.F.R. 440.90(e) [Sele checkboxes below and describe the definition of a rthis exception.]:	B) of the Act and 42 der the direction of a ct one of the
A definition adopted and used by a federal gover for programmatic purposes [Describe below.]:	rnmental agency
A definition adopted by a state governmental age setting state rural health policy [Describe below	•
Rural Area as determined by the Center For Rur The Center for Rural Pennsylvania's definition of based on population density. Population density dividing the total population of a specific area by square miles of that area. According to the 2020 population of Pennsylvania is 13,002,700 and the miles of land in Pennsylvania is 44,742. Therefored density is 291 people per square mile. A county rural when the number of people per square mile or school district is fewer than 291. Counties and	f rural and urban is is calculated by the total number of Census, the le number of square re, the population or school district is within the county
e Statement - This use of this form is mandatory and the infort dicare & Medicaid Services in implementing section §1905(a) th of 1974, any personally identifying information obtained will by may not conduct or sponsor, and a person is not required to ays a currently valid Office of Management and Budget (OMB) is project is 0938-1148 (CMS-10398 #91). Public burden for all	(9) of the Social Security Act. Under be kept private to the extent of the respond to a collection of information control number. The OMB control

PRA Disclosure Stateme Centers for Medicare & the Privacy Act of 1974, law. An agency may not unless it displays a cum number for this project is requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0007	Approval Date:	June 26, 2025	
Supe	rsedes TN: New	Effective: Janua	ary 1, 2025	

Attachment 3.1-A and 3.1-B
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urity Act
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re considered
e are 48 rural a.
to cover services
s the population of
n that mirror the needs who are unhoused:
avioral health
ealth services;
services due to lack of

State Plan under Title XIX of the Social Security Act

State/Territory: Pen nsy Ivan ia

Section 1905(a)(9) Clinic Services

that have 291 people or more per square mile are considered urban. According to the Center's definition, there are 48 rural counties and 19 urban counties in Pennsylvania.

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:



The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:							

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security—Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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