

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 25-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

**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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April 21, 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) 25-0013

Dear Ms. Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0013. This amendment makes a technical change to update references to a 60-day postpartum period to a 12-month postpartum period in Pennsylvania's Medicaid State Plan. This technical change reflects the coverage individuals are currently and have been receiving since April 1, 2022, when Pennsylvania opted to provide coverage for a 12-month postpartum period.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Pennsylvania's Medicaid SPA TN 25-0013 was approved on April 21, 2025, effective April 1, 2022.

Enclosed are copies of the Form CMS-179 and the approved SPA page 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](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Ruth A. Hughes.

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

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 5 — 0 0 1 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

**04/01/2022**

5. FEDERAL STATUTE/REGULATION CITATION

**Public Law 117-328 (2022)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1A/3.1B - Page 8**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)**Attachment 3.1A/3.1B - Page 8**

9. SUBJECT OF AMENDMENT

**Updates to Extended Services for Pregnant Women - Technical Change**

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

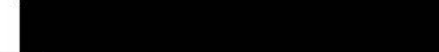


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

**Valerie A. Arkoosh, MD, MPH**

13. TITLE

**Secretary of Human Services**

14. DATE SUBMITTED

**March 27, 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

**03/27/2025**

17. DATE APPROVED

**04/21/2025****PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**04/01/2022**

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

**Ruth A. Hughes**

21. TITLE OF APPROVING OFFICIAL

**On Behalf of Courtney Miller, MCOG Director**

22. REMARKS

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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19. Case management services and Tuberculosis related and services (42 CFR 440.169(b))
- a. Case management services as defined in, and to the group specified in, Enclosure A and Supplements 2-5 to ATTACHMENT 3.1A/3.1B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- ☒ Provided:                      ☐ No limitations                      ☒ With limitations  
☐ Not provided
- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.
- ☐ Provided:                      ☐ No limitations                      ☐ With limitations  
☒ Not provided
20. Extended services for pregnant women (42 CFR 440.210(a)(3))
- a. Pregnancy-related and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.
- \_\_\_\_\_ Additional coverage++
- b. Services for any other medical conditions that may complicate pregnancy.
- \_\_\_\_\_ Additional coverage++
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only (Supplement 1)
21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by qualified provider (in accordance with section 1920 of the Act).
- ☒ Provided:                      ☒ No limitations                      ☐ With limitations  
☐ Not provided
22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act). (42 CFR 440.185(a))
- ☐ Provided:                      ☐ No limitations                      ☐ With limitations  
☒ Not provided\*
23. Nurse Practitioners services (42 CFR 440.166(b) and (c))
- ☒ Provided:                      ☒ No limitations                      ☐ With limitations  
☐ Not provided

\*Service is only provided to beneficiaries under 21 years of age.