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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 25-0021

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

May 29, 2026

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

Re: Pennsylvania State Plan Amendment (SPA) – 25-0021

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0021. This amendment adds language that nursing facility (NF) services for individuals under the age of 21 and individuals 21 years of age or older must be ordered by and provided under the direction of a physician, and that pre-admission screening and resident review are required for admission and subsequent continued stay in the nursing facility.

We conducted our review of your submittal according to the statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Pennsylvania's Medicaid SPA TN 25-0021 was approved on May 29, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and 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,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Eve Lickers

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 1

2. STATE

PA

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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.40(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A/3.1B, page 9
Attachment 3.1A/3.1B, page 9ba
Attachment 3.1A/3.1B, page 1
Attachment 3.1A/3.1B, page 1ha

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1A/3.1B, page 9
New Page
Attachment 3.1A/3.1B, page 1
New Page

9. SUBJECT OF AMENDMENT

Nursing Facility Services for Beneficiaries under 21 years of age

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

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

12. TYPED NAME

Valerie A. Arkoosh, MD, MPH

13. TITLE

Secretary of Human Services

14. DATE SUBMITTED

October 29, 2025

FOR CMS USE ONLY

16. DATE RECEIVED

10/29/2025

17. DATE APPROVED

05/29/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2025

1

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

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

1. Inpatient hospital services other than those provided on an institution for mental diseases.

Provided: No limitations With limitations
 Not provided

2a. Outpatient hospital services.

Provided: No limitations With limitations
 Not provided

2b. Rural Health Clinic (RHC) services and other ambulatory services furnished by a RHC.

Provided: No limitations With limitations
 Not provided

2c. Federally Qualified Health Center (FQHC) and other ambulatory services furnished by a FQHC.

Provided: No limitations With limitations
 Not provided

2d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

Provided: No limitations With limitations
 Not provided

3. Other Laboratory and X-ray services.

Provided: No limitations With limitations
 Not provided

4a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older

Provided: No limitations With limitations
 Not provided

4b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided: No limitations With limitations
 Not provided

SERVICES

4a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older

Services are available when medically necessary and ordered by and provided under the direction of a physician.

As required by 42 CFR Part 483 Subpart C, Preadmission Screening and Resident Review applies to all applicants to and residents of Medicaid-certified nursing facilities, for both admission and continued stay.

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

24a. Transportation.

Provided: No limitations With limitations

24b. Services provided in Religious Nonmedical Health Care Institutions

Provided: No limitations With limitations
 Not provided*

24c. Nursing facility services for beneficiaries under 21 years of age.

Provided: No limitations With limitations
 Not provided*

24d. Emergency hospital services.

Provided: No limitations With limitations

24e. Personal care services in beneficiaries home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations
 Not provided*

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

SERVICES

24. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary. (42 CFR 440.170) (continued)

24c. Nursing facility services for beneficiaries under 21 years of age.

Services are available when medically necessary and ordered by and provided under the direction of a physician.

As required by 42 CFR Part 483 Subpart C, Preadmission Screening and Resident Review applies to all applicants to and residents of Medicaid-certified nursing facilities, for both admission and continued stay.

Limitations

Services require prior authorization.