

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 25-0023

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

February 18, 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) – 25-0023

Dear Secretary Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0023. This SPA updates coverage of adult vaccines determined to be medically necessary based on recommendations by professional medical associations, such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Academy of Family Physicians.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Pennsylvania Medicaid SPA 25-0023 was approved on February 18, 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 <u>2 5 — 0 0 2 3</u> | 2. STATE <u>PA</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |

| | |
|--|---|
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE <u>October 1, 2025</u> |
| 5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.130(c) and 1905(a)(13)(B)</u> | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u> |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1A/3.1B Page 5k</u> | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <u>Attachment 3.1A/3.1B Page 5k</u> |

9. SUBJECT OF AMENDMENT
Adult Immunization Updates

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. TYPED NAME OF APPROVING OFFICIAL [REDACTED] | 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 December 2, 2025 | |

FOR CMS USE ONLY

| | |
|---------------------------------|---------------------------------|
| 16. DATE RECEIVED 12/02/2025 | 17. DATE APPROVED 02/18/2026 |
|---------------------------------|---------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2025 | 19. SIGNATURE OF APPROVING OFFICIAL [REDACTED] |
| 20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight | 21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations |

22. REMARKS

SERVICES

13. Diagnostic, Screening, Preventive, and Rehabilitative Services

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

Medicaid services not otherwise covered under the State Plan are limited to beneficiaries under 21 years of age.

All U.S. Food and Drug Administration (FDA) approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration are covered without cost-sharing, as described in Section 1905(a)(13)(B) of the Social Security Act. Coverage and billing codes of approved vaccines and their administration will be updated as necessary to reflect changes to ACIP recommendations.

All medically necessary FDA approved adult vaccines that are recommended by national medical associations, including, but not limited to, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Academy of Family Physicians, and their administration are covered without cost-sharing.

Limitations

1. Coverage for tobacco cessation counseling services to individuals 21 years of age and older is limited to seventy (70), fifteen (15) minute units per CY.