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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0017

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

December 20, 2021

M. Snead
Acting Secretary
Pennsylvania Department of Human Services
P.O. Box 2675
Harrisburg, PA 17105

Re: Pennsylvania State Plan Amendment (SPA) 21-0017

Dear Acting Secretary Snead:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0017. This amendment proposes to update provider qualifications for orientation and mobility specialists and the allowable settings for orientation, mobility, and vision services within Pennsylvania's School-Based Services program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.130(d). This letter is to inform you that Pennsylvania Medicaid SPA 21-0017 was approved on December 20, 2021, with an effective date of July 1, 2021.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at Dan.Belnap@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

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

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

1. TRANSMITTAL NUMBER 21-0017	2. STATE Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: 07/01/2021
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ATTACHMENT 3.1A/3.1B, Page 1kb ATTACHMENT 3.1A/3.1B, Page 1kc	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATTACHMENT 3.1A/3.1B, Page 1kb ATTACHMENT 3.1A/3.1B, Page 1kc
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10. SUBJECT OF AMENDMENT

Certification requirements and delivery methods for Orientation and Mobility Specialists within School-Based Services are being updated within the State Plan.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Review and approval authority
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL has been delegated to the Department of Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. 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
13. TYPED NAME M. Snead	
14. TITLE Acting Secretary of Human Services	
15. DATE SUBMITTED September 29, 2021	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 9/29/2021	18. DATE APPROVED 12/20/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 7/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

SERVICES

Nurse Practitioner Services (42 CFR 440.166 and 440.60)

Definition:

Nurse practitioner services are services provided within their scope of practice.

Qualified Provider Types:

Nurse practitioner services are provided by a currently licensed CRNP.

Occupational Therapy Services (42 CFR 440.110(b))

Definition:

Occupational therapy services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a currently licensed occupational therapist within the scope of his or her professional practice.

Qualified Provider Types:

Occupational therapy services are provided by or under the supervision of a currently licensed occupational therapist.

The standards for supervision by a licensed occupational therapist are set forth in state law, currently codified at 49 Pa. Code § 42.22 (relating to supervision of occupational therapy assistants). Supervision is conducted and documented by the licensed occupational therapist.

Orientation, Mobility and Vision Services (42 CFR 440.130(d))

Definition:

Orientation, mobility, and vision services are restorative in nature for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level in accordance with the rehabilitation benefit at 42 CFR 440.130(d). Orientation, mobility, and vision services provide sequential instruction to individuals with visual impairment in the use of their remaining senses to determine their position within the environment and in techniques for safe movement from one place to another to maintain independent lives. These services are prescribed by a physician or other licensed practitioner of the healing arts within their scope of practice under law and provided by an Orientation and Mobility Specialist in an individual setting.

SERVICES

Qualified Provider Types:

Orientation, mobility, and vision services are provided by an individual who is certified as an Orientation and Mobility Specialist.

Personal Care Services (42 CFR 440.167)

Definition:

Personal care services are prescribed by a physician in accordance with a plan of treatment, or otherwise authorized for the individual in accordance with a service plan approved by the State and provided on a one-to-one basis to treat physical or mental impairments or conditions.

Qualified Provider Types:

Personal care services are provided by an individual who is not a legally responsible relative and who is 18 years of age or older and possesses a high school diploma or general equivalency diploma, a current certification in first aid, and a current certification in cardiopulmonary resuscitation (CPR).

Physical Therapy Services (42 CFR 440.110(a))

Definition:

Physical therapy services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a currently licensed physical therapist within the scope of his or her professional practice.

Qualified Provider Types:

Physical therapy services are provided by or under the supervision of a currently licensed physical therapist.

The standards for supervision by a licensed physical therapy are set forth in state law, currently codified at 49 Pa. Code § 40.173 (Supervision of occupational therapy assistants). Supervision is conducted and documented by the licensed physical therapist.