

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

PA-14-0014

STATE:

Pennsylvania

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S88 – State Residency

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):**

Attachment 2.6-A: Page 3, Item 4, TN 91-33
Section 2.3: Page 13, TN 88-05

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

PA-13-0046-MM6

STATE:

Pennsylvania

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S89 – Citizenship and Immigration Status

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):**

Attachment 2.6-A: Page 2, Item 3, subparagraphs (a) through (e), TN 09-020

Attachment 2.6-A: Page 2a, TN 09-020

Attachment 2.6-A: Page 2b, TN 09-020

Attachment 2.6-A: Page 3, Item 3, subparagraph (g), TN 09-020

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

PA 13-0042

STATE:

Pennsylvania

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S94

**COMPLETE PAGES
SUPERSEDED:**

Section 2
Page 10, Section 2.1(a)
Page 11a, Section 2.1(d)

**PARTIAL PAGES
SUPERSEDED:**

Revision: HCFA-PM- (MB)

State/Territory:

Pennsylvania

Citation

42 CFR 435.914 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <u>Attachment 2.6-A</u> .
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. <u>Attachment 2.6-A</u> specifies the requirements for Determination of eligibility for this group.
1902(a)(47) and	<u> X </u> (3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>Attachment 2.6-A</u> specifies the requirements for Determination of eligibility for this group.

Revision: HCFA-Region VI
January 1989

STATE PENNSYLVANIA

Citation

- | | | | | |
|---|-----|-------------------------------------|-----|---|
| 435.914
44 FR 17937 | 2.1 | (b) | (1) | Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid service under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <u>ATTACHMENT 2.6-A</u> . |
| 1902(e)(8) and
1905(a) of the
Act,
P.L. 100-360
(Section 301)
P.L. 100-647
(Section 8434) | | | (2) | For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group. |
| 1902(a)(47) and
1920 of the Act,
P.L. 99-509
(Section 9407) | | <input checked="" type="checkbox"/> | (3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group. |
| 434.20
48 FR 54013 | 2.1 | (c) | | The Medicaid agency elects to enter into a risk contract with an HMO that is --- <ul style="list-style-type: none"> <input type="checkbox"/> Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act. <input type="checkbox"/> Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in <u>ATTACHMENT 2.1-A</u>. <input type="checkbox"/> Not applicable. |

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF PENNSYLVANIA**

SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

X (f) Using the Income Determination from another Means-Tested Public Benefit Program to Support Medicaid Determinations

(1) The state elects the option to use income determined by the following means-tested public benefits program(s) to support Medicaid eligibility determinations:

- SNAP
 TANF
 Other Means-Tested Program: LIHEAP

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid statutory and regulatory requirements in Section 1137 of the Social Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR 435.905, such as information about available services and the rights and responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Description:

The State uses gross income as determined by SNAP or LIHEAP eligibility to support Medicaid determinations for the following eligibility groups using Medicaid MAGI standard limits (may be 5 percentage points higher than current standards).

- Parents and other caretaker relatives under 42 CFR 435.110 – 33 percentage of the Federal Poverty Level
- Pregnant women under 42 CFR 435.116 – 220 percentage of the Federal Poverty Level
- Children under age 19 under 42 CFR 435.118 as follows:
 - Children age under 1 – 220 percentage of the Federal Poverty Level
 - Children age 1-5 – 162 percentage of the Federal Poverty Level
 - Children age 6-18 – 138 percentage of the Federal Poverty Level
- Adult group for individuals aged 19 – 64 under 42 CFR 435.119 --138 percentage of the Federal Poverty Level

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STATE OF PENNSYLVANIA**

SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (e) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916A(b)(3) of the Social Security Act. Description:

Procedures are outlined in PA State Plan TN No. 12-0007 approved on September 21, 2012.

- (f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

(2) SNAP-Specific Criteria

- X (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- X Initial application
X Renewal of SNAP eligibility

In applying this option, all of the following conditions are met:

- (a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
- (b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.
- (c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.
- (d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

- (e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

Yes
 No

- (f) None of the household's income is excluded from gross income as a payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

Yes, the state adds the amount of child support excluded to the household's SNAP gross income.
 Yes, these families will be excluded from the method.
 No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) The state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home through the following:
- Information is available through electronic data sources.
 - Information is collected on the application or renewal form for the means-tested program.
 - The state agency provides a form to the individual to complete and return.
 - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
 - Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (b) The state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award not used for educational expenses, or income from a minor dependent child above the applicable tax filing threshold. The status uses the following processes:
- Information is available through electronic data sources.
 - Information is collected on the application or renewal form for SNAP.
 - The state agency provides a form to the individual to complete and return.
 - For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
 - Other. Description:

- (c) The state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
- The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
 - The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
 - Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:
-
- Not applicable. State has only elected option to use strategy at Medicaid renewal.
 - Other. Description:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

Criteria for Other Public Means-Tested Benefit Program

X (i) The state will use gross income determined by LIHEAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- X Initial application
_ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination for LIHEAP is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the household for LIHEAP are eligible for that program.
- (c) No one in the household for LIHEAP has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.
- (d) No one in the household for LIHEAP is part of a tax household that includes an individual who lives outside the home.
- (e) The household for LIHEAP consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - o There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - o Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (f) The criteria described under this strategy are applied statewide in states with eligibility requirements for LIHEAP described above that vary by region.

Do the eligibility requirements for LIHEAP vary by region?

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

 Yes. Description:

 X No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for LIHEAP. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) Describe how the state collects information to ensure that no one in the LIHEAP household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed. Other. Description:

- (b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in total income for LIHEAP:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for LIHEAP.
- The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for LIHEAP.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:

Not applicable. State has only elected option to use strategy at Medicaid renewal.

Other. Description:

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB NO.: 0938-0193

State: _____

Citation
42 CFR 435.10
AT-78-90
AT-80-34
AT-81-7
46 FR 47976

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Categorically needy only.
- Both categorically needy and medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

1902(a)(10)(E),
1902(l) and (m),
1905(p) and (q), and
1920 of the Act,
P.L. 99-509
(Secs. 9401, 9402,
9403, 9404,
And 9407)

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(E), 1902(l) and (m), 1905(p) and (q), and 1920 of the Act are met.

TN No. 88-05

Supersedes

TN No. 12-81-012B

Approval Date: January 13, 1992

Effective Date: April 1, 1988

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: _____

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. 88-05

Supersedes

TN No. 76-10

Approval Date: January 13, 1992

Effective Date: April 1, 1988

HCFA ID: 1006P/0010P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Pennsylvania

Citation

2.5

Disability

42 CFR 435.540(b)
42 CFR 435.541
AT-78-90
AT-79-29

(a) The definition of disability that is used in this plan is specified in Attachment 2.6-A.

(b) All other requirements of 42 CFR 435.540 and 435.541 are met.

Section 4724 of the Omnibus Budget Reconciliation Act of 1990, Pub. L. 101-508, Section 1902(v)(I) (42 U.S.C. 1396a) as Amended

(c) The determination of disability or blindness for the purpose of determining eligibility for medical assistance under the State Plan and to make medical assistance available to individuals found to be blind or disabled and who are determined otherwise eligible for such assistance during the period of time prior to which a final determination of disability or blindness is made by the Social Security Administration with respect to such an individual. In making such determinations, the definitions of disability and blindness found in Section 1614(a) of the Social Security Act are used.

The independent medical determination is the responsibility of the Department's Disability Advocacy Program (DAP). The Department contracts with a Medical Review Team (MRT) consisting of 24 board certified physicians in 15 specialties including cardiology, pediatrics, psychiatry, family medicine. Other members of the MRT include MSWs, mental health clinicians and clinical psychologists. The MRT reviews medical, employment and social information to determine disability based on the SSA regulations and provides expert medical advice to the advocate in pursuing SSI/SSDI benefits.

Revision: HCFA-PM-92-1
February 1992

(MB)

State: Pennsylvania

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V)
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(c),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

(a) The financial eligibility conditions
for Medicaid-only eligibility groups
and for persons deemed to be cash
assistance recipients are described in
Attachment 2.6-A

TN No. 92-09

Supersedes

TN No. 91-33 90-24

89-04 88-05

1281-012B

Approval Date February 26, 1993

Effective Date April 1, 1992

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: PENNSYLVANIA

Citation

2.7

Medicaid Furnished Out of State

431.52 and
 1902(b) of the
 Act, P.L. 99-272
 (Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN No. 87-11

Supersedes

TN No. 76-10

Approval Date January 27, 1988

Effective Date April 1, 1987

HCFA ID:0053C/0061B