

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: PA-14 --00 12		STATE: Pennsylvania
Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, and S14 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 2a (88-20) Page 3 Page 3a (91-33) Page 4 Page 4a Page 12 Page 13 Page 13a (91-33) Page 14 Page 14a (91-33) Page 17a (91-31) Page 21 (91--33) Page 23	Page 2, A.2.b&c (91-33) Page 2, A.2.c&e (90-14) Page 2a, A.3 (91-33) Page 5, A.10 Page 17c, B.15 (88-05) Page 18, C.4 (87-11) Page 20, B.14 Page 25, C.4 (91-33)
Supplement 1 to Attachment 2.2-A	Page 1 (91-33)	
Attachment 2.6-A	Page 3b (91-33) Page 11a Page 19 (91--33) Page 19a Page 19b Page 20 (88-05) Page 21 1. Page 23, (3) (90-24) Page 26, (f) (12-81-012B)	Page 1, A.2.a (i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a (1) & (2) Page 8, (e) (88-05) Page 12, C.1.e (2) Page 18, 10.a (89-04) Page 19, C.5.e (91-33) Page 19, 10.8 (89-04) Page 25, 11.a (3)
Supplement 1 to Attachment 2.6-A	Pages 1, 2a. and 3 (91-33) Page 1 (90-01) Pages 2 and '!	

TN#: PA-14-0012-MM1
PENNSYLVANIA

APPROVED: October 2,2014

EFFECTIVE DATE: January 1, 2014

1. This is a partial versus complete removal. The transaction is identified in the wrong column.

Attachment A.1 Supplement 1 to Attachment 2.6-A	Page 1 (91-33)	
Supplement 2 to Attachment 2.6-A	Pages 1 & 5 Pages 2 and 3 (91-33)	Page 2, #2 (88-05)
Supplement 6 to Attachment 2.6-A		Page 2 related to TANF (09-012)
Supplement 8a to Attachment 2.6-A	Page 1d	Pages 1, 1a, and 1f remove for AFDC related categorically needy groups but not for medically
Supplement 8b to Attachment 2.6-A		Page 1e and pages 1, 1a, and 1b (91-33)- remove for AFDC related categorically needy groups but not for medically needy
Supplement 11 to Attachment 2.6-A	Remove page headed "Income"	
Supplement 12	Addendum (00-006)	Page headed "Resources" – remove (A) AFDC-related
Supplement 12-A to Attachment 2.6-A		Page 1, remove AFDC Related Section
Supplement 14 to Attachment 2.6-A	Page 1 Page 1a	
Supplement 15 to Attachment 2.6-A		Page 1 - remove for AFDC related categorically needy Groups but not for medically needy

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PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S89 - Citizenship and Immigration Status	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable): Attachment 2.6-A: Page 2, Item 3, subparagraphs (a) through (e), TN 09-020 Attachment 2.6-A: Page 2a, TN 09-020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-14-0014	STATE: Pennsylvania
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S88 - State Residency	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 2.6-A: Page 3, Item 4, TN 91-33 Section 2.3: Page 13, TN 88-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Conditions or Requirements
	A. General Conditions of Eligibility Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
Superseded By SPA 14-012	(i) Except as specified under items A.2.A. (ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-Related categorically needy criteria.
1902(1) of the ACT Superseded By SPA 14-012	(iii) For financially eligible pregnant women, infants, or children covered under sections 1902(a) (10) (A) (i)(IV), 1902 (a)(10)(A)(i)(VI), 1902(a) (10)(i)(VII), and 1902(a) (10)(A) (ii) (IX) , of the Act; meets the non-financial criteria of section 1902(1) of the Act.
1902 (m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Pennsylvania
ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

- 1905(p) of the Act
 - b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
 - c. For financially eligible qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of Section 1905(p) of the Act.
- 1905(s) of the Act
 - d. For financially eligible qualified disabled and working individuals covered under Section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of Section 1905(s).

42 CFR 435.406 3. Is residing in the United States (U.S.). and--

- Subparagraph (a) through (e) superseded by SPA 13-0046 (See Superseding Pages Document) and file 0046 Citizenship and Immigration.
 - a. Is a citizen or national of the United States:
 - b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended. and is not prohibited by section 403 of PROWRA as amended;
 - c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 or PRWORA;
 - d. Is a non-qualified alien. so that eligibility is limited to treatment of an emergency medical condition as defined in section 40 of PRWORA;
 - c. Is a QA whose eligibility is authorized under section 402(b) PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.
 - State covers all authorized QAs.
 - State does not cover authorized QAs.

Citation	Condition or Requirement
Part of Item 4 from page 3 TN 09-020 Superseded By SPA14-014; then, page3 TN 09-020 fully Superseded by SPA 13-0046 of 7/21/2014	<input type="checkbox"/> Just has open agreement(s) <input type="checkbox"/> Not applicable; no residency requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
435.1008	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 435.604 1912 of the in Act, P.L. 99-272 (Section 9503)	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained' from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. <input checked="" type="checkbox"/> Assignment of rights is automatic because of State law. Under State Law, Act No. 1980-105. the State has legal right to recover without assignment by client.
435.910 security	7. Is required, as a condition of eligibility. To furnish his/her social account number (or numbers, if he/she has more than one number).

State: PENNSYLVANIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers if he/she has more than one number).
435,725	B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u>
435.733	
435.832	

The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:

1. Personal Needs Allowance,

a. Aged, blind, disabled-

Individuals \$30 (Effective July 1,1988)

Couples \$60 (Effective July 1, 1988)

For the following individuals with greater need-

See Attachment I to this Attachment.

b. AFDC related--

Children \$30 (Effective July 1, 1988)

Adults \$30 (Effective July 1, 1988)

c. Individuals under age 21 covered in this plan as specified in Item B.7. of Attachment 2.2-A \$30 (Effective July 1, 1988).

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 3c
OMB No.: 0938-

State/Territory: Pennsylvania

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 93-19
Supersedes
TN No. New

Approval Date DEC 1 1993

Effective Date 07/01/93

HCFA ID: 7985E

State: Pennsylvania

Citation	Condition or Requirement	
435.725 435.733 435.832	B. <u>Posteligibility Treatment of Institutionalized Individuals</u>	
1902(0) of the Act	1. The following amounts are not considered in the posteligibility process: a. SSI and SSP benefits paid under § § 1611(e)(1)(E) and (G) of the Act to the individuals who receive institutional care.	
Bondy v. Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §§500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.	
1902(r)(1) of the Act	c. German Reparation Payments (reparation payments made by the Federal Republic of Germany).	
105/206 of P.L. 100-383	d. Japanese and Aleutian Restitution Payments.	
10405 of 101-239	e. Payments from the Agent Orange Settlement Fund or any other fund P.L. established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).	
6(h)(2) of	f. Radiation Exposure Compensation. 2. The following amounts are deducted from gross income when Computing the application of an individual's or couple's income to the cost of institutional care: a. Personal Needs Allowance (i) Aged, blind, disabled- Individuals \$45 (Effective July' 1,2007) Couples \$90 (Effective July 1,2007) (ii) For the following individuals with greater need, See <u>SUPPLEMENT 12 to ATTACHMENT 2.6-A.</u> Supplement 12 to ATTACHMENT 2.6-A describes the greater need, describes the basis or formula for determining the deductible.	
TN No. <u>07-011</u> Supersedes TN No. <u>05-005</u>	Approval <u>Dec 3, 2007</u>	Effective Date <u>July 1, 2007</u> HCFA ID: 7985E

State: Pennsylvania

Citation	Condition or Requirement
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- b. TANF related-
Children \$45
Adults \$45
- c. Individuals under age 21 covered in this plan as specified in Item B. 7. of ATTACHMENT 2.2-A. \$45

Security
Security
Act §1924

3. For maintenance of the non-institutionalized spouse only. The monthly income allowance for the community spouse (using the formula in §1924(d)(2)) is the amount by which a maintenance needs standards exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3) (C).

The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component (§§1924(d)(3)(A)) exceeds the dependent family member's income.

4. An amount for the maintenance of each family member with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the highest of -

TANF level	\$ <u>See attached cash schedule</u>
Medically needy level	\$ _____
Other as follows	\$ _____

5. Amounts for incurred medical expenses not subject to payment by a third party.
a. Health insurance premiums, deductibles and coinsurance charges.
b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.

6. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified. he or she is likely to return home within that period
 Yes. Amount for maintenance of home \$.701.40
(Effective January 1, 2009)
 No.

Citation	Condition or Requirement
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 3. A fixed standard which is greater than the minimum standard described in Section 1924(d) plus actual shelter cost not to exceed the maximum standard contained in Section 1924(d)(3)(C). The standard used is \$_____.

b. Other family members who are dependent.

 X 1. Standard based upon the formula contained in Section 1924(d)(1)(C) is used.

 2. A fixed standard greater than the amount which would be used if the formula described in Section 1924(d)(1)(C) were used. The standard used is \$_____

c. The standard described above are used for individuals receiving Home and Community-Based waiver services in lieu of services provided in a medical or remedial institution.

D. The Definition of Dependency.

The definition of dependency below, is used to define dependent children, parents and siblings for purposes of deducting allowances under section 1924 of the Act.

1. Dependent Children - Children of either member of the couple and of any age who have lived with the community spouse and who are claimed, or may be claimed had filing a return been required, as dependents by either member of the couple for tax purposes under the Internal Revenue Services Code.

2. Dependent Parents - Parents of either member of the couple who live with the community spouse and who are claimed, or may be claimed had filing a return been required, as dependents by either member of the couple for tax purposes under the Internal Revenue Services Code.

3. Dependent siblings - Siblings of either member of a couple (including half-brother, half-sister and siblings by adoption) who live with the community spouse and who are claimed, or may be claimed had filing a return been required, as dependents by either member of the couple, for tax purposes under the Internal Revenue Services Code.

INCOME

SECTION 175.23(a)

ALLOWANCES AND BENEFITS

EFFECTIVE (July 1982)

(IMB 00-87-47 (T)

FAMILY SIZE ALLOWANCES

Effective January 1, 1988)

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP						
1		1	2	3	4	5	6	each additional person
		\$205	\$315	\$402	\$490	\$579	\$655	\$79
Bucks	Chester			Lancaster		Montgomery		Pike

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP						
2		1	2	3	4	5	6	each additional person
		\$195	\$301	\$384	\$474	\$562	\$638	\$79
Adams	Centre			Erie		Monroe		Union
Allegheny	Columbia			Lackawanna		Montour		Warren
Berks	Crawford			Lebanon		Northampton		Wayne
Blair	Cumberland			Lehigh		Philadelphia		Westmoreland
Bradford	Dauphin			Luzerne		Sullivan		Wyoming
Butler	Delaware			Lycoming		Susquehanna		York

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP						
3		1	2	3	4	5	6	each additional person
		\$186	\$290	\$375	\$456	\$542	\$617	\$79
Beaver	ELK			Lawrence		Mifflin		Snyder
Cameron	Franklin			McKean		Perry		Tioga
Carbon	Indiana			Mercer		Potter		Venango
Clinton								Washington

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP						
4		1	2	3	4	5	6	each additional person
		\$165	\$2266	\$348	\$433	\$517	\$585	\$79
Armstrong	Clarion			Forest		Huntingdon		Northumberland
Bedford	Clearfield			Fulton		Jefferson		Schuylkill
Cambria	Fayette			Greene		Juniata		Somerset

TEMPORARY PAGE 175-4.1
 Replaces Temporary Page 175-4.1
 TN No. 88-05
 Supercedes
 TN No. 88-04

ISSUED December 15, 1987
 ISSUED December 2, 1985

Approval Date JAN 13 1992

DPW-OIM PA MANUAL

Effective Date April 1, 1988

TABLE 3
FAMILY SIZE ALLOWANCES

SCHEDULE 1	NUMBER OF PERSONS IN BUDGET GROUP						
	1	2	3	4	5	6	each additional person
	\$215	\$330	\$421	\$514	\$607	\$687	\$83
Bucks	Chester		Lancaster		Montgomery		Pike

SCHEDULE 2	NUMBER OF PERSONS IN BUDGET GROUP						
	1	2	3	4	5	6	each additional person
	\$205	\$316	\$403	\$497	\$589	\$670	\$83
Adams	Centre		Erie		Monroe		Union
Allegheny	Columbia		Lackawanna		Montour		Warren
Berks	Crawford		Lebanon		Northampton		Wayne
Blair	Cumberland		Lehigh		Philadelphia		Westmoreland
Bradford	Dauphin		Luzerne		Sullivan		Wyoming
Butler	Delaware		Lycoming		Susquehanna		York

SCHEDULE 3	NUMBER OF PERSONS IN BUDGET GROUP						
	1	2	3	4	5	6	each additional person
	\$195	\$305	\$393	\$479	\$569	\$647	\$83
Beaver	ELK		Lawrence		Mifflin		Snyder
Cameron	Franklin		McKean		Perry		Tioga
Carbon	Indiana		Mercer		Potter		Venango
Clinton							Washington

SCHEDULE 4	NUMBER OF PERSONS IN BUDGET GROUP						
	1	2	3	4	5	6	each additional person
	\$174	\$279	\$365	\$454	\$543	\$614	\$83
Armstrong	Clarion		Forest		Huntingdon		Northumberland
Bedford	Clearfield		Fulton		Jefferson		Schuylkill
Cambria	Fayette		Greene		Juniata		Somerset

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Conditions or Requirements

42 CFR 435.711
435.721. 435.831

C. Financial Eligibility

AFDC Language superseded by SPA 14-012

For individuals who are ~~AFDC~~ SSI recipients, the income and resource levels and methods for determining countable income and resources of the ~~AFDC~~ SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

AFDC Language superseded by SPA 14-012

AFDC Language superseded by SPA 14-012

For individuals who are not ~~AFDC~~ SSI recipients in a non-section 1902(f) State. And those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Pregnant women" etc. language superseded by SPA 4-012

Supplement 1 to Attachment 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level -- ~~for individuals who are not SSI recipients in a non-section 1902(f) State. And those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.~~ ~~and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.~~

TN No. 92-09

Supersedes Approval Date FEB 26 1993

Effective Date April 1, 1992

TN No. 91-33 91-23

90-24 89-04

88-20 88-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Conditions or Requirements

1902(r) (2)
of the Act

1. Methods of Determining Income

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

Superseded by 14-012

~~(1) In determining countable income for AFDC-related individuals, the following methods are used:~~

~~____ (a) The methods are under the State's approved AFDC plan only; or~~

~~X (b) The methods under the States approved AFDC plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.~~

Superseded by 14-012

~~(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same house as available to spouses and the income of parents as available to children living with parents until the children become 21~~

1902 (e) (6)
The Act

(3) Agency continues to treat women eligible under the provisions of sections 1902 (a) (10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which 60th day falls.

TN No. 92-09

Supersedes

Approval Date FEB 26 1993

Effective Date April 1, 1992

TN No. 91-33

88-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Conditions or Requirements
42 CFR 435.721 435.831, and 1902 (m)(1)(B) (m)(4) and 1902(r) (2) of the Act	b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m) (1) of the Act, the following methods are used: ___ The methods of the SSI program only. ___ The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

Citation	Condition or Requirement
	<p>___ The disregards of the state supplementary payment program, as follows:</p> <p>___ The disregards of the SSI program, except for the following restrictions applied under the provision of section 1902(f) of the Act.</p>
Superseded by 14-012	<p>a For pregnant women and infants or children covered under the provisions of section 1902 (a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) In determining countable income, the Following disregards and exemptions are Those in the states approved AFDC plan; or those in the states approved title IV-E plan, as appropriate.</p>
1902(1)(3)(E) Of the Act, P.L. 99-509 (Sec. 9401(d))	x (2) The agency continues to treat women eligible under the provision of section 1902(a)(10)(A)(ii)(IX) of the Act as eligible without regard to any changes in income of the family of which she is a member, until the end of the 60-day period beginning on the last day of her pregnancy.

State: Pennsylvania

Citation(s)	Conditions or Requirements
1905(p) (1)(C) and (m)(5)(B) of the Act, P.L. 100-360 (Section 301) P.L. 100-647 (Section 8434)	f. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act, the disregards of the SSI Program are applied.
1905(p) P.L. 101-239 (Section 6408(d))	g. In determining countable income for qualified disabled working Individuals covered under section 1902(a)(10)(E) of the Act, the disregards of the SSI Program are applied.
P.L. 101-239 (Section 6408(d))	A qualified disabled working individual whose income exceeds 150 Percent of the Federal nonfarm income poverty line but does not exceed 200 percent of such poverty line will be charged a premium according to a sliding scale for Medicare cost-sharing.
OBRA 90 (P.L. 101-508) 1905(p)(1)(D) (§4501)	h. In determining under this subsection the monthly income of an individual who is entitled to monthly insurance benefits under Title II for a transition period [as defined in Clause ii of 1905(p) (2)(D)J], such income shall not include cost of living adjustments in Title II benefits payable for months beginning with December through the month following the month of publication of the new poverty levels for the following year.

YES _____

NO X

Supplement 1 to ATTACHMENT 2.6-A specifies for non-1902(f) and 1902(f) States the income levels for optional categorically needy groups of individuals with incomes up to the Federal nonfarm income poverty line – pregnant women and infants or children covered under section 1902(a) (10) (A)(ii) (IX) of the Act and aged and disabled individuals covered under section 1902(a) (10) (A) (ii)(X) of the Act- -and for groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act.

Supplement 7 to ATTACHMENT 2.6-A specifies for 1902(f) States the income levels for categorically needy aged, blind and 'disabled per sons who are covered under requirements more restrictive than SS1.

TN No. 91-23

Supersedes

TN No. 90-24Approval Date Nov 21, 1991Effective Date April 1, 1991

Citation	Condition or Requirement
1902(k) of the Act, P.L. 99-272 (Section 9506) and P.L. 99-509 (Section 9435(c))	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p>___ The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of <u>ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a) (10) of the Act, P.L. 97-248 (Section 137)	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p>Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.</p>
435.732 435.831	<p>4. Handling of Excess Income - Spend-down for Medically Needy (All States) and Categorically Needy (1902(f) States)</p> <p>a. <u>Medically Needy</u></p> <p>(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures</p>

Citation	Condition or Requirement
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available income for a period of 6 month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.

- (2) If countable income exceeds the MNIL standard, the agency deducts the- following incurred expenses in the following order:
- (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.

____ Reasonable limits on amounts of expenses deducted from income under a. (2) (a) and (b) above are below.

b. Categorically needy - Section 1902 (f) States

____ The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any optional state supplement received.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Conditions or Requirements
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1902(1) (3) (E)
and 1902(r)(2)
of the Act

e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10) (A)(i)(IV), (VI), and (VII), and 1902(a) (10) (A)(ii)(IX) of the Act--

(1) The following methods are used in determining countable Income:

The methods of the State's approved AFDC plan.

The methods of the approved Title IV-E plan.

The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

The methods of the approved Title IV-E plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.

* The Title IV-E requirements are embedded in the IV-A State Plan.

TN No. 92-09

Supersedes

Approval Date FEB 26, 1993

Effective Date April 1, 1992

TN No. 91-33

88-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Conditions or Requirements
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Superseded by SPA 14-012

(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same house as available to spouses and the income of parents as available to children living with parents until the children become 21.

1902(e)(6) of
the Act

(3) The agency continues to treat women eligible under the provisions of sections 1902 (a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

1905 (p)(1),
1902 (m) (4),
and 1902(r)(2) of
the Act

f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 19.02(a)(10)(E)(1) of the Act, the following methods are used:

The methods of the SSI program only.

SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachment 2.6-A.

For institutional couples, the methods specified under section 1611(e)(5) of the Act.

TN No. 92-09

Supersedes

Approval Date FEB 26, 1993

Effective Date April 1, 1992

TN No. 91-33 91-23

90-24 89-04 88-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Conditions or Requirements</u>
	<p>If an individual receives a title II benefit; any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of the publication of the revised annual federal poverty level.</p> <p>For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>*For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p>
1905(s) of the Act	<p>g. Qualified disabled and working individuals.</p> <p>In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.</p>

*For more liberal methodology, see Supp. Sa to Att. 2.6-A, page 1c.

State/Territory: Pennsylvania

Citation	Conditions or Requirement
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1902(a)(10)(A)
(ii)(XIII) of the Act

(i) Working Individuals with Disabilities – BBA

In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied:

- ___ The methodologies of the SSI program.
- ___ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A.
- ___ The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.

State/Territory: Pennsylvania

Citation Conditions or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act

(ii) Working Individuals with Disabilities – Basic Coverage Group - TWWIIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

_____ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

_____ The agency applies the following income and/or resource standard(s):

Income less than 250% of the Federal Poverty Income Guidelines.
Resources must be equal to or less than \$10,000.

State/Territory: Pennsylvania

Citation	Conditions or Requirement
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1902(a)(10)(A)
(ii)(XV) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies.

The income methodologies of the SSI program.

The agency uses methodologies far treatment of income that are mare restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

The agency uses mare liberal income methodologies than the SSI program. Mare liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

State/Territory: Pennsylvania

Citation	Conditions or Requirement
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1902(a)(10)(A)
(ii)(XV) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

Revision:

Attachment 2.6-A
Page 12g
OMB No.:

State/Territory: Pennsylvania

Citation	Conditions or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="816 468 1323 537"><u>X</u> The agency does not disregard funds in retirement accounts.</p> <p data-bbox="816 575 1433 779"><u>X</u> The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p> <p data-bbox="859 825 1398 890">The agency uses the resource methodologies of the SSI program.</p> <p data-bbox="859 930 1414 1102">The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</p>

TN No. 02-007

Supersedes Approval Date APR 29, 2002

TN No. NEW OBS 3/11/10

Effective Date January 1, 2002

HCFA ID:

State/Territory: Pennsylvania

Citation Conditions or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act

iii) Working Individuals with Disabilities
Employed Medically Improved Individuals
TWWIIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

- Income less than 250% of the Federal Poverty "Income Guidelines
- Resources must be equal to or less, than \$10,000

State/Territory: Pennsylvania

Citation Conditions or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act (cont.)

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies.

- The income methodologies of the SSI program.
- The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
- The agency uses more liberal income methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A.

State/Territory: Pennsylvania

Citation Conditions or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

_____ The agency disregards funds held in employer sponsored retirement plans, but not private retirement plans.

_____ The agency disregards funds in retirement accounts in a manner other than those listed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

Revision:

Attachment 2.6-A
Page 12k
OMB No.:

State/Territory: Pennsylvania

Citation	Conditions or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p data-bbox="646 478 1144 546"><input checked="" type="checkbox"/> The agency does not disregard funds in retirement accounts.</p> <p data-bbox="646 588 1247 793"><input checked="" type="checkbox"/> The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p> <p data-bbox="625 835 1209 903"><input type="checkbox"/> The agency uses the resource methodologies of the SSI program.</p> <p data-bbox="625 945 1226 1113"><input type="checkbox"/> The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</p>

TN No. 02-007

Supersedes Approval Date APR 29, 2002

TN No. NEW OBS 3/11/10

Effective Date January 1, 2002

HCFA ID:

State/Territory: Pennsylvania

Citation Conditions or Requirement

1902(a)(10)(A)
(ii)(XVI) and 1905(v)(2)
of the Act

Definition of Employed - Employed Medically
Improved Individuals - TWWIIA

 The agency uses the statutory definition of "employed," i.e., earning at least the minimum wage, and working at least 40 hours per month.

 X The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria are described below:

The agency uses the statutory definition of "employed," i.e., earning at least the minimum wage and working at least 40 hours, per month. For those individuals who are self-employed, the agency may also use the individual's earnings divided by the minimum wage to determine that the individual works at least 40 hours per month.

Revision:

Attachment 2.6-A
Page 12m
OMB No.:

State/Territory: Pennsylvania

Citation	Conditions or Requirement
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1902(a)(10)(A)(ii)(XIII),
(XV), (XVI), and 1916(g)
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the SSA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

_____ The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

TN No. 02-007

Supersedes Approval Date APR 29, 2002

TN No. NEW OBS 3/11/10

Effective Date January 1, 2002

HCFA ID:

State/Territory: Pennsylvania

Citation	Conditions or Requirement
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1902(a)(10)(A)(ii)(XIII),
(XV), (XVI), and 1916(g)
the Act (cont.)

For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of Attachment 2.2-A, and of the Medical Improvement Group described in No. 25 on page 23d of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

X The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied, are described on page 12o.

State/Territory: Pennsylvania

Citation	Conditions or Requirement
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Sections 1902(a)(10)(A)
(ii)(XV), (XVI), and 1916(g)
of the Act (cont.)

Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

Individuals eligible for Medicaid under this section will be subject to the following premium structure:

Premiums apply to all recipients. The monthly premium amount is 5% of the individual's net earned and unearned income.

Monthly premiums on net earned and unearned income calculated to be below \$10 will be waived for individuals.

The Department may waive the premium for a period of no longer than two months if good cause requirements are met.

Citation	Condition or Requirement
1902(a)(10) and 1902(m)(1)(C) of the Act. P.L.97-248 (Section 137) and P.L. 99-509 (Section 9402)	d. In determining countable resources for disabled individuals, including disabled individuals with incomes up to the Federal nonfarm poverty line described in section 1902(m)(1) of the ACT, the following disregards are applied: The disregards of the SSI program. The disregards of the SSI program, except for the following restrictions applied under the provisions of section 1902(f) of the Act:
1902(1)(3)(B) of the Act, P.L. 99-509 (Section 9401(b))	e. In determining countable resources of women during pregnancy and during the 60-day period beginning on the last day of pregnancy covered under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act, the following disregards are applied: <input checked="" type="checkbox"/> Not applicable. No resource standard is applied. <input type="checkbox"/> The disregards of the SSI program. <input type="checkbox"/> The following disregards which are different but not more restrictive than the disregards of the SSI program:

Revision:

ATTACHMENT 2.6-A

Page 13a

OMB No.: 0938-

State: Pennsylvania

Citation	Condition or Requirement
1917 (d) of the Act (OBRA 93) PUB. L. 103-66	<p>The provisions of section 1917(d) of the Social Security Act apply to trusts established on or after August 11, 1993 for medical assistance services furnished on or after October 1, 1993.</p> <p><u>X</u> The agency will compute the periods of ineligibility with respect to the transfers of assets to a trust occurring on or after August 11, 1993, in accordance with the provisions of Section 1917(c) (l) (E) (i).</p> <p><u>X</u> The agency will count the periods of ineligibility with respect to the transfers of assets to a trust occurring on or after August 11, 1993, consecutively.</p>

TN No. 94-004

Supersedes

Approval Date JUN 17, 1994

Effective Date January 1, 1994

TN No. _____

HCFA ID:

State: Pennsylvania

Citation	Condition or Requirement
1917(c) (4) of the Act (OBRA) Pub. L. 103-66	<u>X</u> The agency shall apportion the period of ineligibility among the institutionalized person and the institutionalized person's spouse if the institutionalized person's spouse applies for and is determined eligible for MA for nursing facility payment.
1902(a) (10) of the Act	3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6 A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under Section 1902(f) of the Act, Supplement 1 so indicates.

TN No. 94-004

Supersedes Approval Date JUN 17, 1994

TN No. 93-007, 91-33 88-05

And 87-11

Effective Date January 1, 1994

HCFA ID: 7985E

State: Pennsylvania

Citation	Condition or Requirement
1902(1) (3) (C) of the Act, P.L. 99-509 (Section 9401(b)) P.L. 100-203 (Sections 4101(b) (1) (8) and 4101(c) (2))	f. In determining countable resources of infants and children under covered under the provisions of section 1902 (a)(10)(A)(ii)(IX) of the Act, the following disregards are applied: <input checked="" type="checkbox"/> Not applicable. No resource standard is applied. <input type="checkbox"/> The disregards and exemptions in the State's approved AFDC plan. <input type="checkbox"/> The following disregards and exemptions, which are different but no more restrictive than those in the State's approved AFDC plan.
1902(p) (1) (D) of the Act, P.L. 99-509 (Section 9403(b))	g. In determining countable resources of qualified Medicare beneficiaries covered under section 1902(a) (10)(E) of the Act, the following disregards are applied: <input checked="" type="checkbox"/> The disregards of the SSI program. <input type="checkbox"/> The disregards of the SSI program, except for the following restrictions, applied under the provisions of section 1902(f) of the Act:
1905(p) P. L.101-239 (Section 6408(d))	h. In determining countable resources of qualified disabled working individuals covered under Section .1902 (a)(10)(E) of the Act, the following disregards are applied: <input checked="" type="checkbox"/> The disregards of the SSI Program. <input type="checkbox"/> The disregards of the SSI Program, except for the following restrictions, applied under the provisions of Section 1902(f) of the Act:

TN No. 92-24

Supersedes

Approval Date OCT 18, 1990Effective Date July 1, 1990TN No. 89-04

Citation	Condition or Requirement
<p>1902(l)(3)(A), (B) and (C) of the Act, P.L. 99-509. (Sec. 9401(b))</p>	<p>6. Resource Standard - Categorically needy</p> <p>a. 1902(f) States (except as specified under items 6.c. and d. below)</p> <p>Same as SSI resource standards. More restrictive.</p> <p>b. Non-1902 (f) States (except as specified under items 6.c. and d. below)</p> <p>The resource standards are the same as those in The related each assistance program State supplement.</p> <p>Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups</p>
	<p>c. For pregnant women and infants or children covered under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard:</p> <p><input type="checkbox"/> Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard, which for pregnant women, is no more restrictive than the standard under the SSI program; and for infants and children, is no more restrictive than the standard, applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

Citation	Condition or Requirement
1902(11)(1) (C) and (m)(2)(B) of the Act, P.L. 99-509 (Section 9.02)	<p>d. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:</p> <p><input type="checkbox"/> Same as SSI resource standards.</p> <p><input type="checkbox"/> More restrictive than SSI standards applied under the provisions of section 1902(f) of the Act.</p> <p><input type="checkbox"/> Same as the medically needy resource standards, which are higher than the SSI resource standards (if the state covers the medically needy).</p> <p>Supplement 2 to <u>ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.</p>
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>c. In 1902(f) States, the resource standards is more restrictive than in 7.b. above for--</p> <p><input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled</p> <p>supplement 2 to ATTACHMENT 2.6-Aspeeifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.</p>

Citation	Condition or Requirement
1905(P) (l)(D) and (p)(2)(B) of the Act, P.L. 99-509 (Section 9403)	<p data-bbox="503 436 1419 472">8. Resource Standard - Qualified Medicare Beneficiaries</p> <p data-bbox="503 504 1419 619">For qualified Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act, the resource standard is:</p> <p data-bbox="503 651 1419 682">Same as SSI resource standards.</p> <p data-bbox="503 724 1419 798">More restrictive than SSI standards applied under the provision. of section 1902(f) of the Act.</p> <p data-bbox="503 829 1419 934">Same as the medically needy resource standards which are higher than the SSI resource standards (if the State covers the medically needy).</p> <p data-bbox="503 966 1419 1039">Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.</p> <p data-bbox="503 1081 1419 1144">9. Excess Resources-Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries</p> <p data-bbox="503 1186 1419 1249">The method(s) checked below are used in handling resources in excess of those specified above:</p> <p data-bbox="503 1291 1419 1323">a. categorically Needy and Qualified Medicare Beneficiaries</p> <p data-bbox="503 1365 1419 1396">Any excess resources make the individual ineligible.</p> <p data-bbox="503 1438 1419 1543"><u>X</u> This Stat. has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p data-bbox="503 1585 1419 1617">b. Medically Needy</p> <p data-bbox="503 1659 1419 1722">Any excess resources make the individual ineligible.</p>

Citation	Condition or Requirement
	10. Treatment of Income and resources of categorically and medically needy and Qualified Medicare Beneficiaries
Superseded by SPA 14-012	a. AFDC related individuals (other than under items 9.e. and f. below) The agency uses same methodologies for treatment of income and resources as used in the state's approval AFDC state plan. * See attachment Page 2
1902 (a) (10) (A), 1902 (a) (10) (C), And 1902 (a) (1) (B) And (c) of the Act, P.L 99-509 (Section 9402 (a))	b. Aged individuals, including, individuals, covered under section 1902 (a)(10)(A)(ii)(X) of the Act <input checked="" type="checkbox"/> The agency uses the same methodologies for treatment of income and resources as used in the SSI program (or the optional State supplement program which meets the requirements of 42 CFR 435.230, as appropriate). *See attached page.
1905 (p) (B) and (c) of the Act, P.L. 100-360 (Section 301)	<input type="checkbox"/> The agency uses methodologies for treatment of income and resources that differ from those of the SSI program. These differences result from restrictions applied under section 1902 (f) of the Act. The methodologies are described in Supplement 5 to <u>ATTACHMENT 2.6-A</u>
	c. Blind individuals <input checked="" type="checkbox"/> The agency uses the same methodologies for treatment of income and resources as used in the SSI program (or the optional State supplement program which meets the requirements of 42 CFR 435.230, as appropriate). *See attached page.
	<input type="checkbox"/> The agency uses methodologies for treatment of income and resources that differ from those of the SSI program. These differences result from restrictions applied under section 1902 (f) of the Act.

Citation	Condition or Requirement
1902 (a) (10) (A), 1902 (a) (10) (C), And 1902 (a) (1) (B) And (c) of the Act, P.L 99-509 (Section 9402 (a)) 1905 (p) (B) and (c) of the Act, P.L. 100-360 (Section 301)	<p>The methodologies are described in Supplement 5 to <u>ATTACHMENT 2.6 A</u></p> <p>d. Disabled individuals, including individuals covered under section 1902 (a)(10)(A)(ii)(X) of the Act</p> <p><input checked="" type="checkbox"/> The agency uses the same methodologies for treatment of income and resources as used in the SSI program (or the optional State supplement program which meets the requirements of 42 CFR 435.230, as appropriate). *See attached page</p> <p><input type="checkbox"/> The agency uses methodologies for treatment of income and resources that differ from those of the SSI program. These differences result from restrictions applied under section 1902 (f) of the Act. The methodologies are described in Supplement 5 to <u>ATTACHMENT 2.6-A</u></p>
1902 (1) (3) Of the Act, P.L. 99-509 (Section 9401 (h)) Superseded by SPA 14-012	c. Individuals who are pregnant women covered under section 1902 (a)(10)(A)(ii)(X)(A) of the Act <p>(1) <u>Treatment of Income</u></p> <p>The agency uses the same methodologies for treatment of income as used under-</p> <p><input checked="" type="checkbox"/> The states approved AFDC plan. *see attached plan</p> <p><input type="checkbox"/> The approved title IV's plan</p> <p>(2) <u>Treatment of Resources</u></p> <p><input type="checkbox"/> The agency uses the same methodologies for treatment of resources as used in the SSI program</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

citation (s)

Conditions or Requirements

1902 (m)(l) (C)
and (m)(2)(B)
of the Act

f. For aged and disabled individuals described in section 1902 (m) (l) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:

Same as SSI resource standards.

Same as the medically needy resource standards, which are higher than the SSI resource standard (if the State covers the medically needy).

Supplement 2 to ATTACHMENT 2.6-A
specifies the resource levels for
these individuals.

TN No. 92-09

Supersedes

Approval Date FEB 26, 1993

Effective Date April 1, 1992

TN No. 91-33

89-04 88-05

State: Pennsylvania

Citation	Condition or Requirement
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7. Resource Standard - Medically Needy

1902(a)(10)(C)(i)
of the Act

- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource resource eligibility for all groups.
- c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--

- Aged
- Blind
- Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 'lc., Supplement 2 to ATTACHMENT 2.6-A so indicates.

1902(a)(10)(E),
1905(p)(1)(D), 1905(p)(2)(B)
and 1860D-14(a)(3)(D)
of the Act

8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals

For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

State: Pennsylvania

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</p>
1902(u) of the Act	<p>9.1 For COBRA continuation beneficiaries, the resource standard is:</p> <p><input checked="" type="checkbox"/> Twice the SSI resource standard for an individual.</p> <p><input type="checkbox"/> More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u>.</p>

State: Pennsylvania

Citation	Condition or Requirement
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~~1970 (b) (1) of the
Act, L. 99-509
(Section 9407)~~

X (3) For a presumptive eligibility period for pregnant women only.

Coverage is available for ambulatory pre-natal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan and ends on the end of the day the State agency makes a determination of eligibility for Medicaid or 45 days after qualified provider makes the income eligibility determination. The woman must file application for Medicaid with the State within 14 calendar days after the date of which the qualified provider makes the presumptive eligibility determination.

Superseded by SPA 14-012

1902(e) (8) and
1905(a) of the Act,
P.L. 100-360
(Section 301)
P.L. 100-647
(Section 8434)

X b. For qualified Medicare beneficiaries defined in section 1905(p) (1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p) (1). The eligibility determination is valid for -

- X 12 months
- 6 months
- ___ months (no less than 6 months and no more than 12 months).

P.L. 101-239
(Section 6408)

X c. For Qualified Disabled working Individuals defined in Section 1905(p) of the Act, coverage is available beginning with the first day of the month that all eligibility criteria is met, including enrollment in Part A. The eligibility determination is valid for-

- 12 months
- X 6 months
- ___ months (no less than 6 months and no more than 12 months).

Citation	Condition or Requirement
1902(a) (18) and 1902(f) of	<p data-bbox="467 447 1040 541">12. Transfer of Resources - Categorically and Medically Needy and Qualified Medicare the Act Beneficiaries.</p> <p data-bbox="506 590 1110 684">The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of resources.</p> <p data-bbox="597 732 1105 827">The agency has no provisions for denial of eligibility based upon disposal of resources at less than fair market value.</p> <p data-bbox="560 875 1133 970">* X Disposal of resources at less than fair market value affects eligibility as detailed in Supplement 9 to <u>ATTACHMENT 2.6 -A</u>.</p> <p data-bbox="605 1018 1149 1291">Under the provisions of Section 1902(f) of the Act, the agency uses transfer of resources criteria more restrictive than those established under Section 1917(c) of the Act. Those criteria are not more restrictive than those included in the agency's plan in effect on January 1, 1972 and are specified in Item A.3. of Supplement, 9 to <u>ATTACHMENT 2.6-A</u>.</p>

* Pennsylvania is adhering to the Medicare Catastrophic Coverage Act, Pub. L. 100-360, transfer of resources provision effective July 1, 1988.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
----------	--------------------------

1902(b)(i)
the Act

X ~~(s)~~ For a presumptive eligibility
period for pregnant women only.

Superseded by SPA 14-012

Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

1902(e)(8) and
1905(a) of the
Act

X b. For qualified Medicare beneficiaries defined in section 1905(p) (1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p) (1). The eligibility determination is valid for--

- 12 months
- 6 months
- ___ months (no less than 6 months and no more than 12 months)

TN No. 88-05

Approval Date FEB 26, 1993

Effective Date April 1, 1988

Supersedes

TN No. 91-33 90-24

89-04 88-05

1281-012B

State: Pennsylvania
ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation Condition or Requirement

~~___ f. Pregnant women not otherwise included in a covered medically needy group~~

Superseded by SPA 14-012 ___ For the following groups of pregnant women Other than those covered as medically needy using the methodologies specified under items 7a-e, the methodologies used are as specified below. Supplement 5 describes any methodologies that differ from those used in the related cash assistance programs for reasons other than restrictions applied under section 1902(f) of the Act.

Groups and methodologies:

435.914

8. Effective Date of Eligibility - Medically Needy and Categorically Needy

a. Prospective

Coverage available for the full month if eligible at any time during the month for the following groups.

- ___ Aged, blind, disabled
- ___ AFDC – related

TN #12-81-012B
Supersedes
TN # _____

Approval Date DEC 10, 1982

Effective Date January 1, 1982

State: Pennsylvania
ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation Condition or Requirement

Coverage available only for period during the month for which individual meets eligibility requirements

- X Aged, blind, disabled
- X AFDC - related

b. Retroactive

Coverage available for 'three months before the date of application, if eligible

- X Aged, blind, disabled
- X AFDC - related

Coverage available beginning the first day of the third month before date of application, if eligible at any time during the month

- Aged, blind, disabled
- AFDC - related

TN #12-81-012B
Supersedes
TN # _____

Approval Date DEC 10, 1982

Effective Date January 1, 1982

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

2. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100 percent of the official Federal nonfarm income poverty line:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

SUPPLEMENT 1 to
Attachment 2.6-A
Page 3

State: Pennsylvania

Pennsylvania's medically needy income level (MNIL) for one person is related to the standard for Supplemental Security Income (SSI) payment for a single person (including the State Supplement) rounded to the nearest dollar. Thus, the MNIL does meet the "reasonableness" standard at 42 CFR Section 435.812(b) (1).

The MNIL for one person also meets the FFP requirements at 42 CFR Section 435.1007(a) (2) because it is 133-1/3% of an amount reasonably related to our highest Aid to Families with Dependent Children (AFDC) payment for a family of two.

The MNIL for one person is 96% of the MNIL for a household of two persons. The AFDC payment for one person is based on the needs of a child who is not responsible for shelter expenses and is not living alone. The MNIL for one person is based on the needs of an adult who is living alone, who is responsible for housing expenses, and does not benefit from the economics of scale applicable to households. The amount used for the needs of one adult is reasonably related (96%) to the needs of an adult living with one child.

TN No. 90-01

Approval Date 8/10/98

Effective Date January 1, 1990

Supersedes _____

TN No. 88-08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

D. INCOME ELIGIBILITY LEVELS – MANDATORY GROUP OF QUALIFIED
DISABLED WORKING INDIVIDUALS WITH INCOMES BASED ON THE FEDERAL
POVERTY LINE.

The levels for determining eligibility for groups of Qualified
Disabled Working Individuals under the provisions of
section 1905(p) of the Act are as follows:

Based on 200 percent of the official Federal nonfarm income
poverty line.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for group of aged and disabled individuals under the provisions of section 1902(m) (3) of the Act are as follows

Based on 100 percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

*For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

*For more liberal methodology, see Supp. 8a to Att. 2.6-A, page 1c.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

SUPPLEMENT 1 to
Attachment 2.6-A
Page 6

State: Pennsylvania

Pennsylvania's medically needy income level (MNIL) for one person is related to the standard for Supplemental Security Income (551) payment for a single person (including the State Supplement) rounded to the nearest dollar. Thus, the MNIL does meet the "reasonableness" standard at 42 CFR section 435.812(b)(1).

The MNIL for one person also meets the FFP requirements at 42 CFR Section 435.1007(a)(2) because it is 133-1/3% of an amount reasonably related to our highest AID to Families with Dependent Children (AFDC) payment for a family of two.

The MNIL for one person is 92% of the MIJIL for a household of two persons. The AFDC payment for one person is based on the needs of a child who is not responsible for shelter expenses and is not living alone. The MNIL for one person is based on the needs of an adult who is living alone, who is responsible for housing expenses, and does not benefit from the economics of scale applicable to households. The amount used for the needs of one adult is reasonably related (92%) to the needs of an adult living with one child.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: _____

~~2. Infants and Children~~

~~___ Same as resource levels in the State's approved AFDC plan.~~

~~___ Less restrictive than the AFDC levels and are as follows:~~

Superseded by SPA 14-012 of
October 2, 2014. DBS

Family size

Resource Level

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NOT APPLICABLE

3. Aged and Disabled Individuals

___ Same as SSI resource levels.

___ More restrictive than SSI levels and are as follows:

Family size

Resource Level

- 1
- 2

___ Same as medically needy resource levels (applicable only if
state has a medically needy program)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

B. RESOURCE LEVELS FOR THE MEDICALLY NEEDY

Applicable to all groups - X

_____ Except those specified below under the provisions of section 1902(f)
of the Act.

Family size	Resource Level
<u>1</u>	<u>2400</u>
<u>2</u>	<u>3200</u>
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

For each additional person \$300

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Long Term Care (LTC) medical expenses incurred six months prior to application for Medicaid are disallowed as a deduction, and medical and remedial expenses that were incurred as the result of imposition of a transfer of assets penalty period are limited to zero, unless application of these limits would result in undue hardship.

Undue hardship is considered to exist when:

- (1) Denial of medical assistance would deprive the individual of medical care and endanger the individual's life; or
- (2) Deprive the individual or a financially dependent family member of food, shelter, or the necessities of life.

Revision: HCFA-PM-85-3
FEBRUARY 1985

(BERC)

SUPPLEMENT 5 TO Attachment 2.6-A
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: _____

METHODOLOGIES FOR TREATMENT OF INCOME AND RESOURCES THAT DIFFER FROM THOSE OF THE SSI
PROGRAM

NOT APPLICABLE

TN No. 88-05

Approval Date JAN 13, 1992

Effective Date April 1, 1988

Supersedes

TN No. _____

HCFA ID: 1038P/0015P

Revision: HCFA-PM-87-4
March 1987

(BERC)

SUPPLEMENT 5a TO Attachment 2.6-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: _____

METHODOLOGIES FOR TREATMENT OF REOURCES FOR INDIVIDUALS WITH INCOMES UP TO FEDERAL
POVERTY LINE

NOT APPLICABLE

TN No. 88-05

Approval Date JAN 13, 1992

Effective Date April 1, 1988

Supersedes

TN No. _____

HCFA ID: 1038P/0015P

Revision:

State: Pennsylvania

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living independently	(2) X	1/1/85	(3) \$ 975	\$1,464	(4) \$357.40	\$536.70	(5) SSI Standards
		1/1/86	1,008	1,512	368.40	552.70	
		1/1/87	1,020	1,530	372.40	558.70	
		1/1/88	1,062	1,596	386.40	580.70	
		1/1/89	1,104	1,659	400.40	601.70	
		1/1/90	1,158	1,737	418.40	627.70	
		1/1/91	1,221	1,830	439.40	658.70	
		1/1/92	1,266	1,899	454.40	681.70	
		1/1/93	1,302	1,956	466.40	700.70	
		1/1/94	1,338	2,153	478.40	717.70	
		1/1/95	1,374	2,061	490.40	737.70	
		1/1/96	1,410	2,115	497.40	748.70	
		1/1/97	1,452	2,178	511.40	769.70	
		1/1/98	1,482	2,223	521.40	784.70	
		1/1/99	1,500	2,253	527.40	794.70	
		1/1/00	1,536	2,307	539.40	812.70	
		1/1/01	1,590	2,388	557.40	839.70	
		1/1/02	1,635	2,451	572.40	860.70	
		1/1/03	1,656	2,487	579.40	872.70	
		1/1/04	1,692	2,538	591.40	889.70	
		1/1/05	1,737	2,607	606.40	912.70	

TN No. 09-012

Approval Date JUN 17, 2009

Effective Date January 1, 2009

Supersedes

TN No. 08-004

CMS ID:

Revision:

State: Pennsylvania
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

	1/1/06	1,809	2,712	630.40	947.70	
	1/1/07	1,869	2,802	650.40	977.70	
	1/1/08	1,911	2,868	664.40	999.70	
	1/1/09	2,022	3,033	701.40	1,054.70	

TN No. 09-012
Supersedes
TN No. 08-004

Approval Date JUN 17, 2009

Effective Date January 1, 2009

CMS ID:

Revision:

State: Pennsylvania

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living in a domiciliary care facility	(2) X	1/1/85	(3) \$ 975	\$1,464	(4) \$472.30	\$861.40	(5) SSI Standards
		1/1/86	1,008	1,512	483.30	877.40	
		1/1/87	1,020	1,530	487.30	883.40	
		1/1/88	1,062	1,596	501.30	905.40	
		1/1/89	1,104	1,659	515.30	926.40	
		1/1/90	1,158	1,737	533.30	952.40	
		1/1/91	1,221	1,830	554.30	983.40	
		1/1/92	1,266	1,899	569.30	1,006.40	
		1/1/93	1,302	1,956	581.30	1,025.40	
		10/1/93	1,302	1,956	763.30	1,389.40	
		1/1/94	1,338	2,153	775.30	1,406.40	
		1/1/95	1,374	2,061	787.30	1,424.40	
		1/1/96	1,410	2,115	799.30	1,442.40	
		1/1/97	1,452	2,178	813.30	1,463.40	
		1/1/98	1,482	2,223	823.30	1,478.40	
		1/1/99	1,500	2,253	829.30	1,488.40	
		1/1/00	1,536	2,307	841.30	1,506.40	
		1/1/01	1,590	2,388	859.30	1,533.40	
		1/1/02	1,635	2,451	934.30	1,674.40	
		1/1/03	1,656	2,487	941.30	1,686.40	
		1/1/04	1,692	2,538	953.30	1,703.40	
		1/1/05	1,737	2,607	968.30	1,726.40	

TN No. 09-012

Approval Date JUN 17, 2009

Effective Date January 1, 2009

Supersedes

TN No. 08-004

CMS ID:

Revision:

SUPPLEMENT 6 TO ATTACHMENT 2.6-A 1

Page 1c

State: Pennsylvania

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

	1/1/06	1,809	2,712	992.30	1,761.40	
	1/1/07	1,869	2,802	1,012.30	1,791.40	
	1/1/08	1,911	2,868	1,071.30	1,903.40	
	1/1/09	2,022	3,033	1,108.30	1,958.40	

TN No. 09-012

Supersedes

TN No. 08-004

Approval Date JUN 17, 2009

Effective Date January 1, 2009

CMS ID:

Revision:

State: Pennsylvania

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living in a personal care home	(2) X	7/1/89	(3) \$1,104	\$1,659	(4) \$520.30	\$936.40	(5) SSI Standards
		1/1/90	1,158	1,737	538.30	962.40	
		1/1/91	1,221	1,830	559.30	993.40	
		1/1/92	1,266	1,899	574.30	1,016.40	
		1/1/93	1,302	1,956	586.30	1,035.40	
		10/1/93	1,302	1,956	768.30	1,399.40	
		1/1/94	1,338	2,153	780.30	1,416.40	
		1/1/95	1,374	2,061	792.30	1,434.40	
		1/1/96	1,410	2,115	804.30	1,452.40	
		1/1/97	1,452	2,178	818.30	1,473.40	
		1/1/98	1,482	2,223	828.30	1,488.40	
		1/1/99	1,500	2,253	834.30	1,498.40	
		1/1/00	1,536	2,307	846.30	1,516.40	
		1/1/01	1,590	2,388	864.30	1,543.40	
		1/1/02	1,635	2,451	939.30	1,684.40	
		1/1/03	1,656	2,487	941.30	1,696.40	
		1/1/04	1,692	2,538	958.30	1,713.40	
		1/1/05	1,737	2,607	973.30	1,736.40	
		1/1/06	1,809	2,712	997.30	1,771.40	
		1/1/07	1,869	2,802	1,062.30	1,891.40	
		1/1/08	1,911	2,868	1,076.30	1,913.40	
		1/1/09	2,022	3,033	1,113.30	1,968.40	

TN No. 09-012

Approval Date JUN 17, 2009

Effective Date January 1, 2009

Supersedes

TN No. 08-004

CMS ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY

See attached schedule of payments for the TANF cash program.
For the SSI Aged, Blind, and Disabled.

Single - \$701.70

Couple- \$1,054.70

For institutionalized persons under a special income level:

SSI - 300% of the Federal benefit rate payable under Title XVI of the Social Security Act = \$2,022 per month (300% x \$674)

Superseded by SPA 14-012

~~TANF - One person limit for county of residence (see Attached schedule) - \$350~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

Section 1902(f) State

Non-Section 1902(f) State

(A) AFDC-related

(1) Lump Sum - For AFDC-related ~~categorically needy nonmoney payment and~~
Superseded By medically needy only applicants and recipients, the receipt of a lump sum, which is
SPA 14*012 normally treated as a resource, will be treated as income in accordance with the
AFDC State Plan when it would be more beneficial to the applicant and recipient to
treat the lump sum as income rather than a resource.

2) Work Expense Deduction -

Superseded By A. ~~AFDC-related categorically needy nonmoney payment applicants or recipients~~
SPA 14*012 with earned income are entitled to work expense deduction of ~~\$120~~
B. AFDC-related medically needy only applicants or recipients with earned
income are entitled to work expense deduction of actual and verified monthly
work expenses or \$120, whichever is greater.

(3) Self-Employment Deduction - AFDC-related medically needy only applicants and
recipients with self-employment income are given a deduction for depreciation,
personal business and entertainment expenses, personal transportation, purchase of
capital equipment, and payments on the principal of loans for capital assets or durable
goods.

(4) Deduction of Recurring Medical Expenses - AFDC-related medically needy only
applicants and recipients are permitted to project verified recurring and predictable
medical expenses for the 6-month eligibility period.

* More liberal methods may not result in exceeding gross income limitations under
section 1903(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

Section 1902(f) State

Non-Section 1902(f) State

(A) AFDC-related (Continued)

Superseded by
SPA 14-012

(5) Exclusion of Income From Providing Care in an Approved Family Day Care Home - For AFDC-related ~~categoryally needy nonmoney payment~~ and medically needy only applicants and recipients, the income received from providing child day care for children in an approved family day care home is excluded.

Superseded by
SPA 14-012

(6) 50% Work Incentive Deduction - For AFDC-related ~~categoryally needy nonmoney payment and~~ medically needy only applicants and recipients, each employed person may qualify for the work incentive deduction if the employed person has been receiving Medicaid or cash assistance within four months before the calendar month of application for Medicaid: There is no time limit for receipt of the work incentive deduction.

(7) Work-Related Dependent Care Deduction - For AFDC-related medically needy only applicants and recipients, the actual work-related cost of care of dependent children or a sick or disabled adult living in the home of the applicant or recipient is allowed if care cannot be provided by other family members, and if no other sound plan can be made for their care:

* More liberal methods may not result in exceeding gross income limitations under section 1903(f):

Revision:

SUPPLEMENT 8a to Attachment 2.6-A
Page 1c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

Non-Section 1902(f) State

For Qualified Medicare Beneficiaries described at S1905(p) and §1902(m)
of the Act who do not receive Title II Income.

1. Disregard from income any increase attributable to the Cost of Living Adjustment (COLA) from January 1 through the last day of the month following the month of the publication of the revised' annual Federal Poverty Level.

TN No. 93-016
Supersedes
TN No. _____

Approval Date SEP 24, 1993

Effective Date April 1, 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

- X For disabled individuals under the age of 21, covered under Section 1902(a)(10)(A)(ii)(X) of the Social Security Act, the Commonwealth of Pennsylvania will disregard all parental income, all court-ordered child support, and Retirement, Survivors, Disability Income (RSDI) received from the Social Security Administration.

TN No. 04-014

Approval Date DEC 17, 2004

Effective Date July 1, 2004

Supersedes

TN No. 02-012 008 3/11/10

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

Wages paid by the Census Bureau for temporary employment related to census activities are excluded for the following eligibility groups:

**Superseded by
SPA 14-012**

- ~~Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).~~
- ~~Poverty level pregnant women and infants (133 -185% FPL) under 1902(a)(10)(A)(i)(IV).~~
- ~~Poverty level children under age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI).~~
- ~~Poverty level children under age 19 (100% FPL) under 1902(a)(10)(A)(i)(VI).~~
- Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below.

**Superseded by
SPA 14-012**

- 1902(a)(10)(A)(ii)(I) - Individuals who meet the income and resource requirements of the appropriate cash assistance program (SSI or ~~AFDC~~), but who do not receive cash assistance
- (It 1902(a){10}(A)(ii)(VIII) - Individuals under age 19 who are under State adoption agreements
- 1902(a)(10)(A)(ii)(XI) - Individuals reliving only an optional State supplement which is more restrictive than the criteria for an optional State supplement under title XVI

**Superseded by
SPA 14-012**

- ~~1902(a)(10)(A)(ii)(XII) - Poverty related pregnant women and infants~~
- 1902(a)(10)(A)(ii)(X) - Aged or disabled individuals with income that does not exceed 100% of the Federal Poverty Income Level

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

(Cont'd.)

- 1902(a)(10)(A)(ii)(XV) - Working disabled individuals who buy into Medicaid under TWWIIA Basic Coverage Group
- 1902(a)(10)(A)(ii)(XVI). Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group

X Medically Needy under 1902(a)(10)(C)(i)(III).

 All aged, blind or disabled groups in 209(b) states under 1902(f).

X QMBs, SLMBs and QIs under 1905(p).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: PENNSYLVANIA
MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r) (2) OF THE ACT

Section 1902(0 state Non-Section 1902(0 State

Superseded by
SPA 14-012

For individuals under age 21 described at §1905(a)(i), caretaker relatives described at §1905(a) (ii), and pregnant women described at §1905(a)(viii) who are ~~optional category (CC) child under §1902(a) (10) (ii) of~~ medically needy individuals under §1902(a) (10) (C) (III):

1. Disregard all resources.

For qualified pregnant women and children eligible (using AFDC income and resource requirements) under §1902(a)(10) (A) (i) (III):

1. Disregard all resources.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Pennsylvania

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

Non-Section .1902(f) State

For individuals in institutions who would be eligible for AFDC, SSI or State supplements except for their institutional status and who are eligible under a special income level of 300% of the Federal benefit rate payable under Title XVI of the Social Security Act. provided under 42 CFR Par1435, Subpart C.

Disregard \$6,000 of all countable resources.

For individuals covered by less restrictive resource methodologies listed in Social Security Act Sections 1902(a)(10)(A)(ii)(I), (a)(10)(A)(ii)(IV), (a)(10)(A)(ii)(V), (a)(10)(A)(ii)(X), (a)(10)(A)(ii)(XV), (a)(10)(A)(ii)(XVI), (a)(10)(C), (a)(10)(E)(i), (a)(10)(E)(iii), and (a)(10)(E)(iv)(I).

Disregard the value of all burial plots owned by an individual.

Revision:

SUPPLEMENT 8b
to Attachment 2.6-

A

State/Territory: Pennsylvania Page 19 per CMS 4/7/05

Citation

Condition or Requirement

Resource Methodologies

The agency disregards funds established in Family Savings Accounts (FSA), administered by the Department of Community and Economic Development.

TN No. 02-007
Supersedes

Approval Date April 29, 2002

Effective Date January 1, 2002
HCFA ID:

Pennsylvania Long Term Care Partnership State Plan Amendment

Aged or disabled individuals with income up to 100% FPIG	1902(a)(10)(A)(ii)(x)
Aged or disabled individuals entitled to Medicare with income up to 100% FPIG	1902(a)(10)(A)(E)(i)
Aged or disabled individuals entitled to Medicare with income over 100% FPIG but not exceeding 120% FPIG	1902(a)(10)(E)(iii)
Aged or disabled individuals entitled to Medicare with income over 120% FPIG but not exceeding 135% FPIG	1902(a)(10)(E)(iv)
Aged or disabled individuals eligible under the special institutional income standard (300%SSI)	1902(a)(10)(A)(ii)(v)
Aged or disabled who would be eligible for SSI but do not receive cash	1902(a)(10)(A)(ii)(I)
Aged or disabled who elect hospice	1902(a)(10)(A)(ii)(VII)
Medically needy only	1902(a)(10)(C)
Employed disabled individuals with income up to 250% FPIG	1902(a)(10)(A)(E)(XV)
Medically Improved employed disabled individuals with income up to 250% FPIG	1902(a)(10)(A)(ii)(XVI)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: PENNSYLVANIA

TRANSFER OF RESOURCES

1902 (f) and 1917
Of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 161J(c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

a. The agency uses a procedure which provides for a total period, of ineligibility greater than 2 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period -and the reasonable relationship of this period to the uncompensated value is described as follows:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

b. ___ The period of ineligibility is less
24 months, as specified below.

1917 (c) (2) (D) of the Act
(OBRA 93) Pub. L. 103-66

c. X The Agency has provisions for
waiver of denial of eligibility in
any instance where the State
determines that a denial would work
an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: PENNSYLVANIA

2. Transfer of the home of an individual who is an inpatient in a medical institution.

A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

- a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: PENNSYLVANIA

- a. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan for 24 months of care in an SNF, is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: PENNSYLVANIA

No individual is ineligible by reason of item
A.2 if--

- i. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- ii. Title to the home as transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the state program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled' as defined in section 1614 of the Act;
- iii. A satisfactory showing is made. to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- iv. The agency determines that denial of eligibility would work an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: PENNSYLVANIA

3. 1902 (f) States

Under the provisions of section 1902 (f) of the Social Security Act, the following. Transfer of resource criteria more restrictive than those established under section 1917(e) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:
2. If the uncompensated value of the transfer is more than \$12,000:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

Transfer of Assets For transfers made on or After August 11, 1993, a period of restricted medical assistance coverage is provided if an institutionalized individual or the individuals spouse disposes of any countable assets for less than fair market value on or after the specified look-back date. The look-back is 36, months immediately before the date the individual is both institutionalized and, has applied for medical assistance. In the case of payments from or portions of a trust treated as assets disposed of for less than fair market value, the look-back period is 60 months. The Agency complies with Section 1917 of the Act with respect to trusts. The number of months of ineligibility is equal to the total uncompensated value divided by the State's average monthly private pay rate in effect at the time of application.

During the period of restricted coverage the individual is not ineligible for all medical services. He/she is ineligible only for nursing facility services and equivalent care in a medical institution and for home and community-based services.

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State: PENNSYLVANIA

Medical assistance coverage is not restricted if the title to the home was transferred to:

- the individual's spouse or his/her child who is under age 21, or who is blind or permanently and totally disabled
- the individual's sibling who has an equity interest in the home and who was residing in the individual's home for a period of at least one year before the date the individual becomes an institutionalized individual; or
- the individual's son or daughter (other than a child who is under 21, or who is blind or permanently and totally disabled) who: (1) was residing in the individual's home for a period of at least two years immediately before the date of the individual's institutionalization and (2) who provided care to the individual which permitted the individual to reside at home rather than in a medical institution.

Medical assistance coverage is not Restricted if:

- the assets were transferred to the individual's spouse (or to another for the sole benefit of the individual's spouse) if were transferred from the individual's spouse to another for the sole benefit of the individual's spouse; were transferred to, or to a trust established solely for the

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

Individual's child who is blind or permanently and totally disabled; or transferred to a trust established for the benefit of an individual under 65 years of age who is disabled;

- the individual makes a satisfactory showing that the individual intended to dispose of assets either at fair market value or for other valuable consideration; or the assets were transferred exclusively for a purpose other than to qualify for medical assistance: or

- denial of eligibility would result in undue hardship as determined by the Secretary of Health and Human Services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

TRANSFER OF ASSETS

The State uses the first day of the month after
the month in which the assets were transferred
or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--

In determining the penalty for an institutionalized individual, the agency uses:

- the average monthly cost to a private patient of nursing facility services in the State at the time of application;
- the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals--

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

SPOUSAL IMPOVERISHMENT PROVISIONS

Section 1924 provisions:

- a. Income and resource eligibility policies used to determine eligibility for institutional spouses who have a spouse living in the community are consistent with Section 1924 of the Act.
- b. In determination of resource eligibility, the State uses the minimum resource standard.
- c. The definition of undue hardship for purposes of determining if institutionalized spouses received Medicaid in spite of having excess countable resources is described below:

An institutionalized spouse shall not be ineligible by reason of resources determined to be available for the cost of care under the terms of Section 1924(c)(2) of the Act where the State determines that denial of eligibility on that basis would work an undue hardship.

(B) Aged Blind, Disabled (SSI-related)

Refer to items numbered 10 b, c, d, on Attachment 2.6-A, pages 18, 19, 20

The eligibility groups covered by the less restrictive income methodologies include those Listed in Social Security Act sections 1902 (a) (10) (A) (ii) (VI), (a) (10) (C)(i) (III), and (a) (10) (A) (ii) (X), 1902 (m) (1) and 1905(p).

- (1) Support and Maintenance In-kind - For SSI-related categorically needy nonmoney payment and medically needy only applicants/recipients, support and maintenance in-kind is not counted as income.
- (2) Treatment of Veterans Administration Aid and Attendance and Household Allowances - These allowances are not income in the eligibility or the post eligibility determination process.

NOTE: The stipulations resulting from the Ginley, et al v. White, et. al. Civil Action No. 91-3290 in the United States District Court for the Eastern District of Pennsylvania court decision mandates these allowances are not income in the eligibility or the posteligibility determination process.

- (3) Deduction of recurring Medical Expenses- SSI -related medically needy only applicants/recipients are permitted to project verified recurring and predictable medical expenses for the six month eligibility period.

Protective statement for less restrictive income methodologies:

Pennsylvania will continue to apply the income limits of section 1993(f) of the Social Security Act, 42 U.S.C. section 1396b(f) to those groups of eligibles who are subject to section 1903(f) so that even with the less restrictive income eligibility methods permitted by section 1902(r) (2), income limits for Federal Financial Participation (FFP) will not be exceeded. The total deductions will not exceed the difference between the current Medically Needy Income standards and the maximum standards used in establishing the FFP limit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

**POSTELIGIBILITY PERSONAL NEEDS ALLOWANCE DEDUCTIONS
FOR PERSONS IN INTERMEDIATE CARE FACILITIES AND IN MEDICAID CERTIFIED
STATE VETERANS' HOMES**

1. In addition to the basic personal needs allowance (PNA), an amount of \$20 a month for an individual in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Intermediate Care Facilities with Other Related Conditions (ICF/ORC), State Mental Hospital* equivalent to Institutions for Mental Diseases (IMDs) or Public Mental Hospital" equivalent to IMDs who has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which do not exceed \$50 gross per month.
2. In addition to the basic PNA, an amount of \$40 a month for an individual in an ICF/IID, ICF/ORC, State Mental Hospital* equivalent to IMDs or Public Mental Hospital* equivalent to IMDs who has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which are more than \$50 gross per month but do not exceed \$90 gross per month.
3. In addition to the basic PNA, an amount of \$80 a month for an individual in an ICF/IID, . ICF/ORC, State Mental Hospitals* equivalent to IMDs or Public Mental Hospital* equivalent to IMDs who has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which are more than \$90 gross per month but do not exceed \$150 gross per month.
- 4.. In addition to the basic PNA, an amount of \$80 a month plus 50 percent of the difference between the actual gross earnings and \$150.01 but not to exceed the one-person Categorically needy Nonmoney Payment (NMP-MA) income limit which is the Federal Benefit Rate plus the State Supplement payable under Title XVI of the Social Security Act (42 U.S.C.A. §§ 1381-1383C) if the individual in an ICF/IID, ICF/ORC, State Mental Hospital* equivalent to IMDs or Public Mental Hospital* equivalent to IMDs has sheltered workshop earnings or other earnings from therapeutic activities arranged by the institution which are more than \$150 gross per month.
5. In addition to the basic PNA, an individual residing in a State Veterans' Home will receive an additional personal needs allowance of \$405.

The PNA is increased for individuals who reside in a Medicaid-certified State Veterans' Home based on these higher needs:

TN No. 22-0036 Approval Date January 30, 2023 Effective Date January 1, 2023
Supersedes
TN No. 09-013

STATE: COMMONWEALTH OF PENNSYLVANIA

A significant portion of the residents of State Veterans' Homes reside in a home that is not in the county of the resident's last community residence prior to institutionalization, resulting in additional expenses for transportation and communication;

The State Veterans' Homes provide opportunities for the residents to engage in external social activities. This includes attending social functions at veteran organization for integrated community-based socialization and comradeship with other veterans. This requires in the veteran incurring additional expenses for which extra funds are required.

The State Veterans' Homes provide on-campus access to goods and services including canteens and vending areas, which allows for normalized activities of daily living. This results in the veteran incurring additional expenses for which extra funds are required.

6. In addition to the basic PNA and the greater PNA for an individual in an ICF/IID, ICF/ORC, State Mental Hospital* equivalent to IMD or Public Mental Hospital* equivalent to IMD, or State Veterans Home as described in items 1 through 5, if applicable, an individual in an institution who is required by a court order to pay a fee to a guardian for services rendered will receive a guardian fee allowance. The amount of the guardian fee allowance is \$300 per month OR the court-authorized fee, whichever is less.

*Does not apply to individuals between the ages of 21 thru 64.

SUPPLEMENT 12

RESOURCES

~~(A) AFDC-Related~~

Superseded by
SPA 14-012

Refer to item numbered 10a on Attachment 2.6-A, page 18.

The eligibility groups covered by the less restrictive resource methodologies include those listed in Social Security Act sections 1902 (a) (10) (i) (III) I (a) (10) (A) (IV), (a) (10) (A) (i) (VI), (a) (10) (A) (i) (V II), and (a) (10) (A) (i) (X).

- (1) Lump Sum - AFDC-related categorically needy nonmoney payment and medically needy applicants/recipients, except where the person chooses to have the receipt of a lump sum treated as income because that is advantageous to a person, a lump sum will be treated as a resource and combine with all other resources in determining eligibility.

(B) Aged, Blind, and Disabled (SSI-Related)

Refer to items number 10 b, c, and d on Attachment 2.6-A, pages 18 and 19.

The eligibility groups covered by the less restrictive resource methodologies includes those listed in Social Security Act sections (a)(10)(A)(ii)(VI), (a)(10)(C)(i)(III), and (a)(10)(ii)(X), 1902(m)(1), and 1905 (p).

- (1) Property Used in Trade or Business - For SSI-related categorically needy nonmoney payment and medically needy only applicants/recipients, the applicant's/recipient's equity interest in property used in a trade or business essential to self-support is excluded, subject to a maximum of \$15,000. The exclusion is applicable only if the property produces an annual net return of at least 6 percent of the excludable equity value.

NOTE: The Omnibus Budget Reconciliation Act (OBRA) of 1989, Pub. L. 101-239 enacted December 19, 1989 removed the limit on the value of property used in a trade or business which can be excluded as a resource for the SSI cash program. Pennsylvania implemented the mandatory change at section 8014 of OBRA 1989 on the effective date which was five months after the date of enactment. The cap on such property does not apply after the OBRA 1989 mandatory implementation date.

(2) Joint Bank Accounts - For SSI-related categorically needy Nonmoney payment and medically needy only applicants/ recipients, joint bank accounts are treated as a resource in accordance with the Multiple-Party Accounts Act of Pennsylvania, 20 Pa. C.S.A. §6301, eq seq. Joint bank account are considered owned by the several owners in proportion to their contributions to the account, unless, a contrary intent is indicated. This policy is neither less restrictive nor more restrictive than the SSI policy. Compliance with the Multiple-Party Accounts Act of Pennsylvania is SSI policy in Pennsylvania by virtue of an order of the U.S. Court of Appeals for the Third Circuit in Cannuni v. Schweiker, 740 F.2d 260 (1984).

(3) Automobile - For SSI-related categorically needy nonmoney payment and medically needy only applicants/recipients, one automobile is excluded regardless of value.

(4) Life Insurance - For SSI related categorically needy nonmoney Payment and medically needy only applicants/recipients, the life insurance owned by the applicant/recipient, up to a maximum face value of \$1,500 for each insured person, is excluded. If the life insurance of the insured person has a total face value in excess of \$1,500, only the cash surrender value in excess of \$1,000 is considered a resource.

Pennsylvania

Social Security Act 1902(r) (2) – More Flexible Methodology Provisions

~~(A) **AFDC RELATED** - Resources~~

Superseded by SPA 14-012 Refer to item 10.a on Attachment 2.6-A, page 18

For AFDC related categorically needy nonmoney payment and medically needy only applicants/recipients, resources are evaluated as of the date of application/reapplication and as of the date there is a change in those resources. An applicant/recipient is ineligible for MA on the date that his resources exceed the MA resource limit for the appropriate MA Program and remains resource ineligible until his resources are equal to, or less, the resource limit.

EXCEPTION: A person is not ineligible if the resources are reduced to the appropriate MA resource limit within the required 10-day advance notice period and when applicable, fair consideration is received.

(B) **AGED, BLIND, AND DISABLED (SSI) RELATED** - Resources

Refer to item numbered 10.a on Attachment 2.6-A, pages 18 and 19

For SSI related categorically needy nonmoney payment and medically needy only applicants/recipients, resources are evaluated as of the date of application/reapplication and as of the date there is a change in the resources. Resource changes in the month have no effect until the following month's resources determination.

EXCEPTION: A person is not ineligible if the resources are reduced to the appropriate MA resource limit within the required 10-day advance notice period and when applicable, fair consideration is received.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

Section 1924 provisions.

- a. Income and resource eligibility policies used to determine eligibility for institutional spouses who have a spouse living in the community are consistent with Section 1924 of the Act.
- b. In determination of resource eligibility the state resource standard is \$13,296.
- c. The definition of undue hardship for purposes of determining if institutionalized spouses received Medicaid in spite of having excess countable resources is described below.

An institutionalized spouse shall not be ineligible by reason of resources determined to be available for the cost of care under the terms of Section 1924(c)(2) of the Act where the State determines that denial of eligibility on that basis would work an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Pennsylvania

THE ELIGIBILITY GROUPS COVERED BY LESS RESTRICTIVE INCOME
METHODOLOGIES INCLUDE THOSE LISTED IN SOCIAL SECURITY ACT SECTIONS
1902(a)(10)(A)(i)(III), (a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), (a)(10)(A)(ii)(IX) and
(a)(10)(C)(i)(III) PERMITTED UNDER §1902(r)2) OF THE SOCIAL SECURITY ACT AS
ADDED BY §303(e) OF THE MEDICARE CATASTROPHIC COVERAGE ACT OF 1988

INCOME

10.a, e (1), f (1) - AFDC

- Superseded by SPA 14-012 (1) Exclusion of Income From Providing Care in an Approved Family Day Care Home For AFDC-related ~~categories, only~~ ~~and~~ ~~medically~~ ~~needy~~ only applicants and recipients, the income received from providing child day care for children in an approved family day care home is excluded.
- Superseded by SPA 14-012 (2) 50% Work Incentive Deduction- For AFDC-related ~~categories, medically~~ ~~needy, payment and~~ medically needy only applicants and recipients, each employed person may qualify for the work incentive deduction if the employed person has been receiving Medicaid or cash assistance within four months before the calendar month of application for Medicaid. There is no time limit for receipt of the 50% work incentive deduction.
- (3) Work-Related Dependent Care Deduction - For AFDC-related medically needy only applicants and recipients, the actual work-related cost of care of dependent children or a sick or disabled adult living in the home of the applicant or recipient is allowed if care cannot be provided by other family members, and if no other sound plan can be made for their care.

The total amount of income which will be excluded under these less restrictive policies will not exceed the difference between the medically needy standard and 133 1/3 percent of the AFDC payment standard applicable to a family of the same size without any income.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

ASSET VERIFICATION SYSTEM

1940(a)
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (A VS) that meets the following minimum requirements.

A. The request and response system must be electronic:

(1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).

(2) The system cannot be based on mailing paper-based requests.

(3) The system must have the capability to accept responses electronically.

B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).

C. The system must establish and maintain a database of FIs that participate in the agency's AVS.

D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.

E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an A VS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an A VS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. - D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

Revision:

SUPPLEMENT 16 to Attachment 2.6-A
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

In order to implement the requirements of the Asset Verification System (AVS), the Pennsylvania Department of Human Services will incorporate an automated AVS as part of its eligibility system. Pennsylvania is currently in the process of selecting a contractor through the Request for Proposal (RFP) process and is working with Deloitte on the development and implementation of the system. The AVS will meet the requirements of Supplement 16 to Attachment 2.6-A.

TN No. 17-0012

Approval Date November 9, 2017 Effective Date December 31, 2017

Supersedes

TN No. NEW MM

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR
INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is _____.

This higher standard applies statewide.

This higher standard does not apply statewide. It only applies in the following areas of the State:

This higher standard applies to all eligibility groups.

This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

State Plan Under Title XIX of the Social Security Act

State: Pennsylvania

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1- Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing Individual Income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 12/24/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with Incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Standard For each population group, indicate the lower of: <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference 133% FPL If a population group was not covered as of 12/1/09, enter "Not covered".	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
		Enter "Y" (Yes) "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional Information in corresponding attachments.			
A	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of the MAGI Conversion Plan	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of the MAGI Conversion Plan	No	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of the MAGI Conversion Plan	No	No	No	No
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of the MAGI Conversion Plan	No	No	No	No
Childless Adults	Not Covered	N/A	N/A	N/A	N/A

**Part 2 - Population-based Adjustments to the Newly Eligible Population
Based on Resource Test, Enrollment Cap or Special Circumstances**

A. Optional Resource Criteria Proxy Adjustment (42 CFR433.206(d))

1. The state:

Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which tile state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date's) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

Applies existing state data from periods before January 1, 2014.

Applies data obtained through a post-eligibility statistically valid sample of Individuals.

Data used in resource proxy adjustments is described In Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrolment Cap Adjustment (42 CFR433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 14).

An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).

3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

Yes. The combined enrollment cap adjustment is described in Attachment C

No.

4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:

Applies a special circumstances adjustment(s).

Does not apply a special circumstances adjustment.

2. The state:

Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).

Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).

3. Attachment Describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 - One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.

The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)

Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated 03/27/2015

B. Qualification for Temporary 2.2 percentage Point Increase in FMAP.

The state:

Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).

Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.

- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A- Conversion Plan Standards Referenced in Table 1
- Attachment B- Resource Criteria Proxy Methodology
- Attachment C- Enrollment cap Methodology
- Attachment D- Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E - Transition Methodologies

PRA Disclosure Statement

According to the paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search different data recourses, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn; PRA Reports clearance officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attachment A

Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan**

PENNSYLVANIA

12/04/2014

	population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives Dollar standards by family size					
	1	*	\$259	no	Weighted average created from Part 1 of approved state MAGI conversion plan	SIPP
	2	*	\$390			
	3	*	\$496			
	4	*	\$609			
	5	*	\$720			
	6	*	\$819			
	Add on	\$83	\$103			
2	NonInstitutionalized Disabled Persons FPL%	100%	102%	n/a	new SIPP conversion	SIPP
3	Institutionalized Disabled Persons 55! FBR%	300%	300%	n/a	ABD conversion template	n/a
4	Children Ages 19-20 Dollar standards by family size					
	1	*	\$259	no	Weighted average created from Part 1 of approved state MAGI conversion plan	SIPP
	2	*	\$389			
	3	*	\$496			
	4	*	\$608			
	5	*	\$719			
	6	*	\$818			
	Add on	\$83	\$103			
5	Childless Adults	n/a	n/a	n/a	n/a	n/a

n/a: Not applicable.

*Converted standards are weighted average of four sets of converted regional standards for AFDC 1996 group.

**** The numbers in this summary chart will be updated automatically in the case of modifications In the CMS approved MAGI conversion Plan**

DEC 31,2014

State: Pennsylvania

The income levels for the medically needy are specified below:

Family Size	Net Income Level Protected For Maintenance *	Amount by Which Column (2) Exceeds Limits Specified in	Net Income Level For Persons Living in Rural Areas	Amount by which Column (4) Exceeds Limit Specified in
—	Urban Only	42 CFR 448.4		42 CFR 448.4
—	Urban & Rural			

(1)	(2)	(3)	(4)	(5)
1	\$ 1,800	\$	\$	\$
2	\$ 2,200	\$	\$	\$
3	\$ 2,700	\$	\$	\$
4	\$ 3,000	\$	\$	\$
5	\$ 3,150	\$	\$	\$
6	\$ 3,300	\$	\$	\$
7	\$ 3,450	\$	\$	\$
8	\$ 3,650	\$	\$	\$
9	\$ 4,000	\$	\$	\$
10	\$ 4,350	\$	\$	\$

For each additional Person Add:	\$ 350	\$	\$	\$
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*reflects a (6 mos.) period