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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-16-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 101220164007

December 22, 2016

Theodore Dallas
Secretary of Human Services
Department of Human Services
Room 333, Health & Welfare Building
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Dear Secretary Dallas:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 16-0031, "Using the Income Determination from another Means-Tested Public Benefit Programs to Support Medicaid Determinations." PA-16-0031 proposed to use the Supplemental Nutrition Assistance Program (SNAP), at initial application and renewal, and the LIHEAP program, at initial application, to support Medicaid income eligibility determinations under the Centers for Medicare and Medicaid Services' (CMS) guidance issued on August 31, 2015 (SHO #15-001).

This SPA was approved on December 21, 2016 with an effective date of August 1, 2017. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan pages for PA-16-0031.

If you have any questions concerning this SPA, please contact Mary McKeon at 215-861-4181.

Sincerely,

Francis T.

Mccullough -S

Francis McCullough

Associate Regional Administrator

Digitally signed by Francis T.
Mccullough -S
Date: 2016.12.22 14:34:47 -05'00'

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
16-0031

2. STATE
Pennsylvania

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2017

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435.110, 42 CFR 435.116, 42 CFR 435.118, 42 CFR
435.119, 42 CFR 435.406, 42 CFR 435.407, 42 CFR 435.610, 42
CFR 435.905, 42 CFR 435.907, Section 1916A(b)(3)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017
b. FFY 2018

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

SECTION 2 , subsection 2 .1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
N/A

10. SUBJECT OF AMENDMENT:

Using the Income Determination from another Means Tested Public Benefit Program to Support Medicaid Determinations

11. GOVERNOR'S REVIEW (*Check One*):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

13. TYPED NAME:
Theodore Dallas

14. TITLE:
Secretary of Department of Human Services

15. DATE SUBMITTED: OCT 04 2016

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Bureau of Policy, Analysis and Planning
P.O. Box 8046
Harrisburg, Pa. 17105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
October 4, 2016

18. DATE APPROVED:
December 21, 2016

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
Francis T. McCullough /s/

21. TYPED NAME:
Francis McCullough

22. TITLE:
Associate Regional Administrator

23. REMARKS.

The State authorized CMS to make changes to the CMS-179 by deleting the language in Box 8, "Attachment 2 .6-A" and adding "SECTION 2, subsection 2.1." The State further authorized CMS to make changes to the SPA pages by changing the pagination so that pages were identified as pages 11b-11h, rather than 11. In addition, each SPA page was identified as a new page by CMS adding "NEW" to the footer of each SPA page. *MM*

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

SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

SNAP
 TANF
 Other Means-Tested Program: LIHEAP

In electing this option, the state assures that it:

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

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

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

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SECTION 2- COVERAGE AND ELIGIBILITY

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

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

Procedures are outlined in PA State Plan TN No. 12-007 approved on September 21, 2012.

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

(2) SNAP-Specific Criteria

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

- X Initial application
- X Renewal of SNAP eligibility

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

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

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

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

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

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

 Yes
 X No

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

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

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

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

(ii) Collection of Information to Determine Eligibility

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

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SECTION 2- COVERAGE AND ELIGIBILITY

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

- (b) The state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award not used for educational expenses, or income from a minor dependent child above the applicable tax filing threshold. The status uses the following processes:

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

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

- The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
- The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:
- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

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

Criteria for Other Public Means-Tested Benefit Program

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

- Initial application
- Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

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

Do the eligibility requirements for LIHEAP vary by region?

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SECTION 2- COVERAGE AND ELIGIBILITY

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

 Yes. Description:

No

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

(ii) Collection of Information to Determine Eligibility

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

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

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

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

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SECTION 2- COVERAGE AND ELIGIBILITY

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

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

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

- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description: