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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-17-0006

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 # 071220174005

September 29, 2017

Teresa Miller
Acting Secretary
Pennsylvania Department of Human Services
625 Forster Street
Room 333, Health & Welfare Building
Harrisburg, Pennsylvania 17120

Dear Acting Secretary Miller:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 17-0006, "Pennsylvania Medicaid State Plan Eligibility - Former Foster Care Youth from a Different State." On January 1, 2014, Pennsylvania began providing Medicaid coverage to former foster care youth from a different state as part of its Medicaid State Plan. On November 21, 2016, CMS published a final rule that changed the eligibility provision for this population. The eligibility provision no longer provides states with the option to cover youth who were not the responsibility of their own state while in care. Therefore, in accordance with CMS' November 21, 2016 Center for Medicaid & CHIP Services Informational Bulletin (CIB), Pennsylvania is realigning the basis of Medicaid eligibility for these former foster care youth from a different state through concurrent section 1115(a) demonstration waiver authority (1115 Demonstration) and Medicaid State Plan authority provided by section 1902(a)(10)(A)(ii)(XX) of the Social Security Act.

The 1115 Demonstration approval will authorize Pennsylvania to continue providing Medicaid State Plan coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe from such other state when they "aged out" of foster care at age 18 (or such higher age as elected by the state) and were enrolled in Medicaid at that time. SPA PA-17-0006 withdraws Pennsylvania's former Medicaid State Plan authority and updates Pennsylvania's Medicaid State Plan so that Pennsylvania may continue to provide Medicaid coverage to former foster care youth from a different state in accordance with the CIB.

Acting Secretary Teresa Miller – Page 2

This SPA is approved with an effective date of October 1, 2017, which is also the effective date of the approved 1115 Demonstration. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan pages for PA-17-0006.

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

Sincerely,

Francis T.

Mccullough -S

Digitally signed by
Francis T. Mccullough -S
Date: 2017.09.29
15:18:47 -04'00'

Francis T. McCullough

Associate Regional Administrator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Pennsylvania

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

PA-17-0006

Proposed Effective Date

10/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.150, 42 CFR 435.218, SSA 1902(a)(10)(A)(i)(IX), 1902(a)(10)(A)(ii)(XX), 1902(hh)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$33554.00
Second Year	2018	\$37018.00

Subject of Amendment

Medicaid Coverage for Former Foster Care Youth from a Different State

This SPA submission supersedes only SPA S33 and SPA S50 from the transmittal number PA-14-0012.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Secretary of the Department of Human Services

Signature of State Agency Official

Submitted By: Shannon Brown
Last Revision Date: Sep 14, 2017
Submit Date: Jul 10, 2017



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PA - 17 - 0006

Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

- Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:



Medicaid Eligibility

	Name of limitation	Description	
+			X

The state requires that a written application be signed by the applicant or representative.

Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:
 - The individual must meet the categorical requirements of 42 CFR 435.150.
 - State residency
 - Citizenship, status as a national, or satisfactory immigration status
- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities **S17**

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act



Medicaid Eligibility

Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+			X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons 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 40 hours per response, including the time to review instructions, search existing data resources, 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.

V.20160722



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PA - 17 - 0006

Eligibility Groups - Options for Coverage Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX)
1902(hh)
42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 65.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Are not otherwise eligible for and enrolled for optional coverage under the state plan in accordance with section 1902(a)(10)(A)(ii)(I) - (XIX) of the Act, 42 CFR 435, subpart C, based on information available from the application for Medicaid.

Have household income that exceeds 133% FPL but is at or below the standard set by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The income standard for this eligibility group is: % FPL

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.



Medicaid Eligibility

Yes No

The state elects to phase-in coverage to individuals in this group. The phase-in plan must be reasonable and may not provide Medicaid to higher income individuals without providing Medicaid to lower-income individuals.

Yes No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons 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 40 hours per response, including the time to review instructions, search existing data resources, 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.

V.20160722

**INDIVIDUALS ABOVE 133 PERCENT FPL
(Attachment to S50)**

TRANSMITTAL NUMBER:

17-0006

STATE:

Pennsylvania

Notwithstanding the request for identification of an income standard above 133% of the federal poverty level (FPL) on the S50 page of the state plan for the eligibility group described in 1902(a)(10)(A)(ii)(XX) of the Social Security Act (the Act), the state will not apply an income standard for individuals whose incomes are above 133% of the FPL in determining eligibility for the group.

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act (Project No. 11-W-00308/3) and will begin when the demonstration authority is approved and end when the demonstration authority expires.