

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:
PA-14-0012

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Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, and S14 and related pages or sections of pages being deleted as obsolete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)
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Attachment 2.6-A	Page 3b (91-33) Page 11a Page 19 (91-33) Page 19a Page 19b Page 20 (88-05) Page 21 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 18, C.5.e (91-33) Page 19, 10.e (89-04) Page 25, 11.a(3)
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Attachment A.1 to 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 needy
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

Agency*	Citation(s)	Groups Covered
Superseded by SPA 14-012	402(a)(22)(A) of the Act, P.L. 97-35 (Section 2318)	c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
	406(h) and 1902(a)(10)(A)(i)(I) of the Act P.L. 98-378 (Section 20)	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support from August 16, 1984, through September 30, 1988, and meets the requirements of section 406(h) of the Act.
Superseded by SPA 14-012	402(a)(37) and 1902(a)(10)(A)(i)(I) of the Act P.L. 98-369 (Secs. 2361 & 2824)	e. Families receiving nine months of work transition per section 402(a)(37) of the Act.
		X Families receiving <u>6</u> additional months of work transition (not to exceed six months)
	1902(a) of the Act, P.L. 99-272 (Section 12305)	f. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under Title IV-E of the Act.
1902(a)(52) and 1925 of the Act P.L. 100-485 Sec. 303	3. Up to 12 months of extended benefits to families terminated from AFDC solely because of earnings, hours of employment or loss of earned income disregards, in accordance with section 1925 of the Act. This provision expires on September 30, 1998.	

*Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

COVERAGE AND CONDITIONS OF ELIGIBILITY

	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
Superseded By SPA 14-012	1902(a)(10) (A)(i)(V) and 1905(m) of the Act	10. Individuals other than qualified pregnant women and children under item A.7. above who use members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.
	1902le)(5) of the Act	11. a. A women who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day of her pregnancy ends. The women continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60 th day falls.
	1902(e)(6) of the Act	b. A pregnant women who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

COVERAGE AND CONDITIONS OF ELIGIBILITY

<u>Citation(s)</u>	<u>Groups Covered</u>
	A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1902(e)(4) of the Act	12. A child born to a women who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
41 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance <u>X</u> a. Individuals receiving SSI. This includes Beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under Section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled

Agency*	Citation(s)	Groups Covered
		<p>e. Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.</p>
		<p>_____ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.</p>
	<p>1619(b)(8) of the Act, P.L. 99-643 (Section 7)</p>	<p>_____ The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.</p>
	<p>1634(c) of the Act, P.L. 99-643 (Section 6)</p>	<p>11. Blind or disabled individuals who --</p> <p>a. Are at least 18 years of age;</p> <p>b. Lose SSI eligibility because they become entitled to OASDI child's benefit under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absence their OASDI eligibility.</p>

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
	435.122	12. Individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under § 435.230), because of requirements that do not apply under title XIX of the Act.
	435.130	13. Individuals receiving mandatory State supplements.
	435.131	14. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment. <input checked="" type="checkbox"/> In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s): <input checked="" type="checkbox"/> Aged <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.
	1611 (e)(5) of the Act, P.L. 99-643 (Section 9)	<input type="checkbox"/> Couples who have been sharing a hospital or nursing home room for six months are treated as eligible individuals with eligible spouses if treating the spouses as separate individuals prevents them from receiving Medicaid under the plan.

*Agency that determines eligibility for coverage.

TN No. 88-05
Supersedes
TN No. _____

Approval Date January 13, 1992

Effective Date April 1, 1988

HCFA ID: 1036P/0015P

Agency*	Citation(s)	Groups Covered
	435.132	15. Institutionalized individuals who are eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they -- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
	435.133	16. Blind and disabled individuals who— a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

TN No. 88-05
Supersedes
TN No. _____

Approval Date January 13, 1992

Effective Date April 1, 1988

HCFA ID: 1036P/0015P

Agency*	Citation(s)	Groups Covered
	435.134	<p>17. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.</p> <p><u>X</u> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).</p> <p><u>X</u> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).</p> <p><u>X</u> Not applicable with respect to intermediate care facilities; the State did or does not cover this service.</p>
	435.135	<p>18. Individuals who –</p> <p>a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and</p>

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		<p data-bbox="665 325 1502 451">b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.</p> <p data-bbox="706 483 1502 577">___ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.</p> <p data-bbox="706 609 1477 682">___ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.</p> <p data-bbox="706 714 1526 840">___ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.</p>
	1634 of the Act, P.L. 99-272 (Section 12202)	<p data-bbox="665 871 1429 1039">19. Disabled widows and widowers who would be eligible for SSI except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(b) of the Act.</p> <p data-bbox="706 1060 1404 1165">___ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.</p>

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
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- Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit increases caused by the elimination of the reduction factor, or subsequent cost-of-living increases.
- The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

B. Options for Coverage of the Categorically Needy

- | | | |
|--|----------|--|
| 435.210 | <u>X</u> | 1. Individuals who would be eligible for, but are not receiving, AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230. |
| | | <u>X</u> The plan covers all individuals as described above. |
| 1902(a)(10)(A)
(ii) and 1905(a)
of the Act | | <input type="checkbox"/> The plan covers only the following group or groups of individuals: |
| | | <input type="checkbox"/> Aged
<input type="checkbox"/> Blind
<input type="checkbox"/> Disabled
<input type="checkbox"/> Individuals under the age of –
<input type="checkbox"/> 21
<input type="checkbox"/> 20
<input type="checkbox"/> 19
<input type="checkbox"/> 18
<input type="checkbox"/> Caretaker relatives
<input type="checkbox"/> Pregnant women |

- | | | |
|---------|----------|---|
| 435.211 | <u>X</u> | 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution. |
| | | <u>X</u> The State covers all individuals as described above. |

*Agency that determines eligibility for coverage.

State: Pennsylvania

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

— The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

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

25. Qualified Medicare Beneficiaries—

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(p)(3)(A)(i),
1905(p) and
1860D-14(a)(3)(D)
of the Act

26. Qualified Disabled and Working Individuals—

- a. Who are entitled to hospital insurance benefits under Medicare Part A under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and

State: Pennsylvania

Agency	Citation(s)	Groups Covered
A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)	<ul style="list-style-type: none"> c. Whose resources do not exceed two times the SSI resource limit. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	27.	<p>Specified Low-Income Medicare Beneficiaries—</p> <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p>

State: Pennsylvania

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups
(Continued)

1902(a)(10)(E)(iv)
and 1905(p)(3)(A)(ii)
and 1860D-14(a)(3)(D)
of the Act

28. Qualifying Individuals—
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
 - c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

State/Territory: Pennsylvania

Agency*	Citation(s)	Groups Covered
1634(e) of the Act	A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)</u>	29. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

*Agency that determines eligibility for coverage.

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR
435.210
1902(a)
(10)(A)(ii) and
1905(a) of
the Act

1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

42 CFR
435.211

2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage.

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section
4732)

- [] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

 X The State elects not to guarantee eligibility.

 The State elects to guarantee eligibility. The minimum enrollment period is months (not to exceed six).

The State measures the minimum enrollment period from:

- [] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- [] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- [] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than Medically Needy
(continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of ___ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

State of Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

- | | | |
|-------------------|-------------------------------------|---|
| 42 CFR
435.217 | <input checked="" type="checkbox"/> | 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment. |
|-------------------|-------------------------------------|---|

NOTE: PACE enrollees eligible at the Special Income level equal to 300% of the SSI Federal Benefit Rate will be covered under institutional rules.

*Agency that determines eligibility for coverage.

TN No. 01-007

Supersedes

TN No. 91-33

Approval Date: December 19, 2001

Effective Date: 07-01-01

Agency Determining Eligibility	Citation	✓	9.	Groups Covered
1902(a)(10) (A)(ii)(VI) of the Act, P.L. 97-248 (Section 137) (435.232)				A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who but for the provision of home and community-based services under a waiver granted under section 1915(c) of the Social Security Act would require the level of care provided in a hospital, skilled nursing facility or intermediate care facility, the cost of which could be reimbursed under the State plan, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on October 1, 1981, or the effective date of the State's section 1915(c) waiver, whichever is later.

Agency*	Citation(s)	Groups Covered
		<input type="checkbox"/> Individuals under the age of— <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
435.230	<u>X</u>	10. The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is — <ul style="list-style-type: none"> a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual’s countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State. d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income. <ul style="list-style-type: none"> <u>X</u> (1) All aged individuals. <u>X</u> (2) All blind individuals. <u>X</u> (3) All disabled individuals. <u>X</u> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)		Groups Covered
	435.230	<input checked="" type="checkbox"/>	(5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/>	(6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/>	(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/>	(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input checked="" type="checkbox"/>	(9) Individuals in additional classifications specified by the Secretary for Federally administered supplementary payments under 20 CFR 416.2020(d).

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.
 No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)		Groups Covered
	435.231 1902(a)(10) (A)(ii)(V) of the Act, P.L. 97-248 (Section 137) and P.L. 99-272 (Section 9510)	<input checked="" type="checkbox"/>	11. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> . <input type="checkbox"/> The State covers all individuals as described above. <input checked="" type="checkbox"/> The State covers only the following group or groups of individuals:
	1902(a)(10)(A) (ii) and 1905(a) of the Act		<input checked="" type="checkbox"/> Aged <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Individuals under the age of— <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
	1902(e)(3) of the Act, P.L. 97-248 (Section 134)	<input checked="" type="checkbox"/>	12. Certain disabled children age 18 or under who are living at home, who would be eligible, if in a medical institution, for SSI or a State supplemental payment under title XVI of the Act, and therefore for Medicaid under the plan, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
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The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

- Yes.
- Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act,
P.L. 99-509
(Section
9402(a) and
(b))

X

14. In addition to individuals covered under item b.13, individuals—

(a) Who are 65 years of age or older or are disabled—

X As determined under section 1614(a)(3) of the Act; or

___ As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed—

X Under SSI;

___ Under the State's more restrictive financial criteria; or

___ Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
Superseded by SPA 14-012	1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)	<input checked="" type="checkbox"/> 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under ATTACHMENT 2.6-A who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.
	C. <u>Optional Coverage of the Medically Needy</u>	
	435.301	This plan includes the medically needy. <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. This plan covers: 1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 88-05
Supersedes
TN No. _____

Approval Date January 13, 1992

Effective Date April 1, 1988

HCFA ID: 1036P/0015P

Agency*	Citation(s)	Groups Covered
	1902(e) of the Act, P.L. 99-272 (Section 9501)	2. Women who, while pregnant, were eligible for, have applied for, and have received Medicaid as medically needy under the approved State plan. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period after the pregnancy ends. The 60-day period begins on the last day of pregnancy.
	1902(a)(10)(C)(ii)(I) of the Act, P.L. 97-248 (Section 137)	3. Individuals under age 18 who, but for income and resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.
Superseded by SPA 14-012	1902(e)(4) of the Act, P.L. 98-369 (Section 2362)	4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.
	435.308 <u> X </u>	5. Financially eligible individuals who are not described in section C.3. above and who are under the age of – <u> X </u> 21 ___ 20 ___ 19 ___ 18
	435.310 <u> X </u>	6. Caretaker relatives.
	435.320 <u> X </u> 435.330	7. Aged individuals.
	435.322 <u> X </u> 435.330	8. Blind individuals.
	435.324 <u> X </u> 435.330	9. Disabled individuals.

*Agency that determines eligibility for coverage.

State PENNSYLVANIA

Agency*	Citation(s)	Groups Covered
	435.326	<p>___ 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.</p>
	435.340	<p>11. Blind and disabled individuals who:</p> <ul style="list-style-type: none"> a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria, and b. Were eligible as medically needy in December 1973 as blind or disabled, and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.
	<p>1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)</p>	<p>___ 12. Pregnant women who meet the applicable medically needy income levels specified in this plan under <u>ATTACHMENT 2.6-A</u> who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.</p>
	<p>1902(a)(10) (E), 1902(m) (3), and 1905 (p) of the Act, P.L. 100-360 (Section 301) P.L. 100-647 (Section 8434)</p>	<p>D. <u>Mandatory Coverage – Qualified Medicare Beneficiaries</u></p> <p>Individuals—</p> <ul style="list-style-type: none"> 1. Who are entitled to hospital insurance benefits under Medicare Part A; 2. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and

*Agency that determines eligibility for coverage.

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

**Superseded
by SPA 14-012**

~~1902(a)(10)(A)(ii)(IX) and 1902(1) of the Act~~

~~14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:~~

- ~~a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and~~
- ~~b. Infants under one year of age.~~

State: Pennsylvania

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60

- The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.
 - 1) The Medicaid agency maintains agreements with managed care organizations (MCOs) licensed through certificates of authority jointly by the State's Department of Health and Insurance Department. Recipients served through those organizations will receive continuing care.
 - 2) Ongoing reports generated by each MCO provide information from which the Department determines compliance with the organization's provider agreement.

42 CFR 440.240
440.250

(a)(10) Comparability of Services

1902(a) and 1902(a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

State/Territory: Pennsylvania

Citation	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> months.
1902(a)(10)(F) And 1902(u)(1)	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement II to Attachment 2.6-A.

STATE: Pennsylvania

Citation			Group Covered
1902(a)(10)(A) (ii)(XVIII) of the Act	<u>XX</u>	[24]	<p data-bbox="662 348 1523 382"><u>B. Optional Coverage Other Than the Medically Needy (Continued)</u></p> <p data-bbox="760 453 922 485">Women who:</p> <ul style="list-style-type: none"> <li data-bbox="662 527 1523 768">a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; <li data-bbox="662 810 1523 873">b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act; <li data-bbox="662 915 1523 978">c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and <li data-bbox="662 1020 1065 1052">d. have not attained age 65.
1920B of the Act	<u> </u>	[25]	<p data-bbox="760 1094 1523 1230">Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) the Act related to certain breast and cervical cancer patients.</p> <p data-bbox="760 1272 1523 1409">The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not</p>

apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

State/Territory: Pennsylvania

Citation			Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- | | | | |
|---|-----|-----|--|
| 1902(a)(10)(A)
(ii)(XIII) of the Act | [] | 23. | BBA Work Incentives Eligibility Group – Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A. |
| 1902(a)(10)(A)
(ii)(XV) of the Act | [X] | 24. | TWWIIA Basic Coverage Group – Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A. |
| 1902(a)(10)(A)
(ii)(XVI) of the Act | [X] | 25. | TWWIIA Medical Improvement Group – Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A. |

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

State: Pennsylvania

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(e)(12) of the Act

x

26.

Continuous Eligibility for Children.

A child under age four (not to exceed age 19) who has been determined eligible under §1902(a)(10)A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of the State or attainment of the maximum age stated above, until the earlier of:

a. The end of a period (not to exceed 12 months) of continuous eligibility; or

b. The time that the individual exceeds that age.

42 CFR 435.926

October 1991

State: Pennsylvania

Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment Period of 1 months.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home