Superseding Pages of State Plan Material		
Transmittal Number: State:		
mansimittai Number.		Pennsylvania
PA-14-0012		1 Cilioyivania
Pages or sections of pages being	superseded by S25, S28, S30, S51, S	552, S53, and S14 and related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 2, A.2.b&c (91-
	Page 2a (88-20)	33)
	Page 3	Page 2, A.2.c&e (90-
	Page 3a (91-33)	14)
	Page 4	Page 2a, A.3 (91-33)
	Page 4a	Page 5, A.10
	Page 12	Page 17c, B.15 (88-
	Page 13	05)
	Page 13a (91-33)	Page 18, C.4 (87-11)
	Page 14	Page 20, B.14
	Page 14a (91-33)	Page 25, C.4 (91-33)
	Page 17a (91-31)	
	Page 21 (91-33)	
	Page 23	
Supplement 1 to Attachment	Page 1 (91-33)	
2.2-A		
Attachment 2.6-A	Page 3b (91-33)	Page 1, A.2.a (i) and
	Page 11a	(iii)
	Page 19 (91-33)	Page 6 related to AFDC
	Page 19a	recipients, pregnant women,
	Page 19b	infants, and children
	Page 20 (88-05)	Page 7, 1.a(1) & (2)
	Page 21	Page 8, (e) (88-05)
1.	Page 23, (3) (90-24)	Page 12, C.1.e(2)
	Page 26, (f) (12-BI-012B)	Page 18, 10.a (89-04)
		Page 18, C.5.e (91-33)
		Page 19, 10.e (89-04)
		Page 25, 11.a (3)
Supplement 1 to Attachment	Pages 1, 2a. and 3 (91-33)	
2.6-A	Page 1 (90-01)	
	Pages 2 and 4	

1

TN#: PA-14-0012-MM1

APPROVED: October 2, 2014 EFFECTIVE DATE: January 1, 2014

PENNSYLVANIA

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

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

PA.1139.R00.00 - Apr 01, 2014

## 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 for digit number with leading zeros. The dashes must also be entered.

## **Proposed Effective Date**

04/01/2014 (mm/dd/yyyy)

## **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$0.00
Second Year	2015	\$0.00

## **Subject of Amendment**

# The single state agency SPA TN #PA-14-0027 supersedes TN #PA-13-0044.

A1 – State Plan Designation and Authority

A2 – State Plan Administration, Organization and Administration

A3 - State Plan

#### **Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Described:

No reply received within 45 days of submittal

Other, as specified

Described:

Secretary of public Welfare

**Signature of State Agency Official** 

Submitted By: Daniel Sorge

Last Revision Date: Sep 17, 2014

Submitted Date: Jul 1, 2014

Submit Pate:

Approval Date: September 17, 2014

Effective Date: April 1, 2014

Pennsylvania

TN: PA-14-0027

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: STATE: PA-13-0044 Pennsylvania		
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	COMMPLETE PAGES SUPERSEDED:	PARTIAL PAGES SUPERSEDED:
A1-A3	Page 1 Section 1.1 (pages 2-6) Section 1.2 (page 7) Section 1.3 (page 8) Attachment 1.1 -A (Attorney General certification) Attachment 1.2-A (Organizational chart) Attachment 1.2-B (Description of the functions of the single state agency) Attachment 1.2-C (Description of professional medical and supporting staff)	

SUPERSEDING PAGES OF		
STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
PA- 13-0046-MM6	Pennsylvania	
PAGE NUMBER OF THE PLAN SECTION OR	PAGE NUMBER OF THE SUPERSEDED PLAN	
ATTACHMENT:	SECTION OR ATTACHMENT (if Applicable):	
S89 - Citizenship and Immigration Status	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 C A. Boro 2 Hom 2 oubservers	
	Attachment 2.6-A: Page 3, Item 3, subparagraph	
	(g), TN 09-020	

TN: PA-13-0046-MM6 Approval Date: July 21, 2014 Effective Date: October 1, 2013

Pennsylvania

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
PA-14-0013-MM3	Pennsylvania	
PAGE NUMBER OF THE PLAN SECTION OR	PAGE NUMBER OF THE SUPERSEDED PLAN	
ATTACHMENT:	SECTION OR ATTACHMENT (If Applicable):	
S10 - MAGI Income Methodology	Notwithstanding any other provisions of the Pennsylvania Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment TN # 14-0013-MM3 will apply to all MAGI-based eligibility groups covered under Pennsylvania Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR§ 435.603 apply to everyone except those individuals described at 42 CFR§ 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.	

TN: PA-14-0013-MM3 Approval Date: May 2, 2014 Effective Date: January 1, 2014

Pennsylvania

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
PA-14-0014	Pennsylvania	
PAGE NUMBER OF THE PLAN SECTION OR PAGE NUMBER OF THE SUPERSEDED PLAN		
ATTACHMENT:	SECTION OR ATTACHMENT (If Applicable):	
S88 - State Residency	Attachment 2.6-A: Page 3, Item 4, TN 91-33	
	Section 2.3: Page 13, TN 88-05	

SUPERSEDING PAGES OF			
STATE PLAN MATERIAL			
TRANSMITTAL NUMBER:	STATE:		
PA 13-0042	Pennsylvania		
·			
PAGE NUMBER OF THE PLAN SECTION OR COMPLETE PAGES PARTIAL PAGES			
ATTACHMENT:	SUPERSEDED:	SUPERSEDED:	
894 Section2	Section2		
	Page 10, Section 2.1(a)		
	Page 11a, Section 2.1(d)		