

PA - Submission Package - PA2024MS0002O - (PA-24-0005) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	PA2024MS0002O	Submission Type	Official
Program Name	N/A	State	PA
SPA ID	PA-24-0005	Region	Philadelphia, PA
Version Number	3	Package Status	Approved
Submitted By		Submission Date	2/8/2024
Package Disposition		Approval Date	3/15/2024 4:48 PM EDT
Priority Code	P2		
Lead Division	DEPO		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

March 15, 2024

Valerie Arkoosh
Secretary of Human Services
Department of Human Services
P.O. Box 2675
Harrisburg, PA 17120

Re: Approval of State Plan Amendment PA-24-0005

Dear Valerie Arkoosh:

On February 08, 2024, the Centers for Medicare and Medicaid Services (CMS) received Pennsylvania State Plan Amendment (SPA) PA-24-0005. This amendment provides 12 months of continuous Medicaid eligibility for children under age 19.

We approve Pennsylvania State Plan Amendment (SPA) PA-24-0005 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Margaret Kosherzenko at 215-861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

Package Header

Package ID	PA2024MS0002O	SPA ID	PA-24-0005
Submission Type	Official	Initial Submission Date	2/8/2024
Approval Date	03/15/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Pennsylvania **Medicaid Agency Name:** Department of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

Package Header

Package ID PA2024MS0002O
Submission Type Official
Approval Date 03/15/2024
Superseded SPA ID N/A

SPA ID PA-24-0005
Initial Submission Date 2/8/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID PA-24-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	PA-18-0001

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Attachment 2.2A, page 23e

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

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Submission Type	Official	Initial Submission Date	2/8/2024
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To provide 12-month continuous eligibility for children under 19 in Medicaid

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$92970000
Second	2025	\$144822000

Federal Statute / Regulation Citation

SSA 1902(e)(12)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

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Approval Date 03/15/2024
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SPA ID PA-24-0005
Initial Submission Date 2/8/2024
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Review and approval authority has been delegated to the Department of Human Services

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | PA2024MS0002O | PA-24-0005

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Superseded SPA ID	PA-18-0001		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child turns 19 years old;
- b. 12 months.

2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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