



April 22, 2020

James G Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
Centers for Medicare and Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, MO 64106  
[James.Scott1@cms.hhs.gov](mailto:James.Scott1@cms.hhs.gov)

**REQUEST FOR STATE PLAN AMENDMENTS RELATED TO NOVEL CORONAVIRUS DISEASE (COVID-19) NATIONAL EMERGENCY/PUBLIC HEALTH EMERGENCY**

Dear Mr. Scott:

The Department of Human Services (Department) writes to request approval for flexibilities available under Sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.) as related to the Novel Coronavirus Disease (COVID-19). The COVID-19 outbreak was declared a national emergency on March 13, 2020 (retroactive to March 1, 2020) and was previously declared a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020).

The Department is submitting State Plan Amendment (SPA) 20-0010 for your review and approval. This SPA represents Pennsylvania's requested flexibilities for amending the State Plan in connection with the COVID-19 outbreak and emergency, which include but are not limited to the following:

- Suspension of copayments for screening, diagnostic and treatment services related to COVID-19 to eliminate any fiscal challenges that may inhibit beneficiaries from seeking these needed services.
- Benefit flexibilities to include the expansion of coverage for agents used to relieve cough and cold symptoms, suspension of annual reassessments related to targeted support management for Individuals with an Intellectual Disability or Autism, the suspension of the prior authorization requirements for certain services, and adjustments to the day supply for covered outpatient drugs.
- A 90-day extension of the timeframe to complete cost reconciliation for Pennsylvania's School-Based ACCESS Program (SBAP).

The State also requests CMS approval to temporarily suspend the Random Moment Time Study (RMTS) requirements for the SBAP identified in The *Pennsylvania*

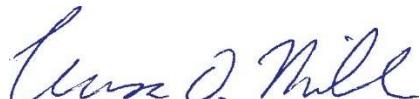
*School-Based ACCESS Program Time Study Implementation Guide for Direct Services and Administrative Claiming* for the April to June 2020 quarter. Instead, Pennsylvania proposes to average the results from the October to December 2019 and January to March 2020 quarters and use the average as the basis for calculating the time study results for the April to June 2020 quarter.

The circumstances surrounding the COVID-19 emergency remain quite fluid and as such, the Department may decide to request additional flexibilities, which we will do as soon as the need is determined. The Department seeks to align this SPA with the duration of the COVID-19 emergency period, starting with the effective date of March 1, 2020.

The Department submits the enclosed CMS 179 Form and Disaster State Plan pages. The fiscal impact within the CMS 179 is the State's estimate at the time of this submission.

During these difficult times, the Department greatly appreciates the prompt attention exhibited by CMS to these matters and looks forward to the continued partnership. If you have any questions or need additional information concerning this SPA request, please contact Ms. Sally Kozak of my staff at (717) 856-6418 or [sakozak@pa.gov](mailto:sakozak@pa.gov).

Sincerely,



Teresa D. Miller  
Secretary

Enclosures

cc: Mr. Clarke Madden, Executive Deputy Secretary, Department of Human Services  
Ms. Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs  
Ms. Lindsay Mauldin, Director, Office of Policy Development  
Mr. Kevin Hancock, Deputy Secretary, Office of Long-Term Living  
Ms. Kristin Ahrens, Deputy Secretary, Office of Developmental Programs  
Ms. Kristen Houser, Deputy Secretary, Office of Mental Health and Substance Abuse Services  
Ms. Lisa Watson, Deputy Secretary, Office of Income Maintenance  
Ms. Tracy Campanini, Deputy Secretary, Office of Child Development and Early Learning  
Ms. Patricia Allan, Executive Director, Children's Health Insurance Program

State/Territory: Pennsylvania

## **Section 7 – General Provisions**

### **7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

N/A

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

#### **Request for Waivers under Section 1135**

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

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- c. \_\_\_\_\_ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

N/A

## **Section A – Eligibility**

1. \_\_\_\_\_ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

N/A

2. \_\_\_\_\_ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. \_\_\_\_\_ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: \_\_\_\_\_

-or-

- b. \_\_\_\_\_ Individuals described in the following categorical populations in section 1905(a) of the Act:

N/A

Income standard: \_\_\_\_\_

3. \_\_\_\_\_ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

N/A

Less restrictive resource methodologies:

N/A

State/Territory: Pennsylvania

4.  The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).
5. \_\_\_\_\_ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

N/A

6. \_\_\_\_\_ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

## **Section B – Enrollment**

1. \_\_\_\_\_ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

N/A

2. \_\_\_\_\_ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

N/A

3. \_\_\_\_\_ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

N/A

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4.  The agency adopts a total of \_\_\_\_\_ months (not to exceed 12 months) continuous eligibility for children under age enter age \_\_\_\_\_ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5.  The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every 12 months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6.  The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
  - a.  The agency uses a simplified paper application.
  - b.  The agency uses a simplified online application.
  - c.  The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

### **Section C – Premiums and Cost Sharing**

1.  The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

The State will not impose cost-sharing for testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies, for any quarter in which the temporary increased FMAP is claimed.

2.  The agency suspends enrollment fees, premiums and similar charges for:

- a.  All beneficiaries
- b.  The following eligibility groups or categorical populations:

N/A

3.  The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

N/A

State/Territory: Pennsylvania

## Section D – Benefits

### Benefits:

1.        The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

N/A

2. X The agency makes the following adjustments to benefits currently covered in the state plan:

Expand coverage to include all beneficiaries aged 19-64 for the following:

- Agents when used for symptomatic relief of cough and colds (Attachment 3.1A/3.1B, page 5cc, item 7(d))

Suspend medical evaluations for eligibility and annual reassessments for the following service:

- Targeted Support Management for Individuals with an Intellectual Disability or Autism (Attachment 3.1A/3.1B, Enclosure A, page 1)
  - Delete “4. Be recommended for an ICF/ORC level of care based on a medical examination.” (Attachment 3.1A/3.1B, Enclosure A, page 2)
    - First, delete “with reassessments completed annually thereafter”
    - Then, add “with reassessment completed only if the individual’s needs have changed significantly. A reassessment should be completed as soon as possible.”

Suspend periodic reassessments every 6-months for the following service:

- Targeted Case Management Services for Individuals with Serious Mental Illness
  - Definition of Services (Attachment 3.1A/3.1B, Supplement 2, page 1)
    - First, delete “at least once every six months”
    - Then add, “as needed”
  - Monitoring and Follow-up Activities (Attachment 3.1A/3.1B, Supplement 2, page 2)
    - First, delete “every six months at a minimum”
    - Then add, “as needed”

Suspend prior authorizations requirements for the following services:

- First 28 of days of Home Health Services (Attachment 3.1A/3.1B, pages 3d, 3e and 3g)
- First 30 days of the following medical supplies (Attachment 3.1A/3.1B, page 3f):
  - Feeding supplies
  - Respiratory supplies
  - Urinary catheters
  - Ostomy supplies
  - Infusion supplies
- Appliances or equipment that cost more than \$600 (Attachment 3.1A/3.1B, page 3f)
- Initial prescriptions of oxygen and related equipment (Attachment 3.1A/3.1B, page 3f)

3. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at

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1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4.  Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a.  The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b.  Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

N/A

*Telehealth:*

5.  The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

N/A

*Drug Benefit:*

6.  The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Adjust the current limit of 34-day limit supply or 100 units whichever is greater. For the emergency period, the agency will allow up to 90-day supplies for covered outpatient medications.

7.  Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8.  The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

N/A

9.  The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

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## **Section E – Payments**

*Optional benefits described in Section D:*

1.  Newly added benefits described in Section D are paid using the following methodology:

- a.  Published fee schedules –

Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

- b.  Other:

N/A

*Increases to state plan payment methodologies:*

2.  The agency increases payment rates for the following services:

N/A

- a.  Payment increases are targeted based on the following criteria:

N/A

- b. Payments are increased through:

- i.  A supplemental payment or add-on within applicable upper payment limits:

N/A

- ii.  An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: \_\_\_\_\_

Through a modification to published fee schedules –

Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

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Up to the Medicare payments for equivalent services.

By the following factors:

N/A

*Payment for services delivered via telehealth:*

3.  For the duration of the emergency, the state authorizes payments for telehealth services that:

- a.  Are not otherwise paid under the Medicaid state plan;
- b.  Differ from payments for the same services when provided face to face;
- c.  Differ from current state plan provisions governing reimbursement for telehealth;

N/A

d.  Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

- i.  Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
- ii.  Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

*Other:*

4.  Other payment changes:

N/A

**Section F – Post-Eligibility Treatment of Income**

1.  The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

- a.  The individual's total income
- b.  300 percent of the SSI federal benefit rate
- c.  Other reasonable amount: \_\_\_\_\_

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2.  The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

N/A

#### **Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information**

Adjust language to reflect an extension of the timing for submission to CMS for the following:

- School-Based Service Providers – Cost Reconciliation and Settlement (4.19B, page 2dc)
  - delete “twelve (12) months” and replace with “fifteen (15) months”.

The following services may be prescribed by Physician Assistants, Certified Registered Nurse Practitioners, and Podiatrists within the scope of practice authorized under State law:

- home health nursing services (Attachment 3.1A/3.1B, page 3d)
- home health aide services (Attachment 3.1A/3.1B, page 3e)
- home health medical supplies, equipment and appliances (Attachment 3.1A/3.1B, page 3f)
- home health physical therapy, occupational therapy or speech pathology and audiology services (Attachment 3.1A/3.1B, page 3g)

#### **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 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

|                                                                               |                          |
|-------------------------------------------------------------------------------|--------------------------|
| 1. TRANSMITTAL NUMBER<br>20-0010                                              | 2. STATE<br>Pennsylvania |
| 3. PROGRAM IDENTIFICATION:<br>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                          |
| 4. PROPOSED EFFECTIVE DATE<br>March 1, 2020                                   |                          |

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<br>1135, 42 U.S.C. 1320b-5                                                          | 7. FEDERAL BUDGET IMPACT<br>a. FFY 2019 \$ 0<br>b. FFY 2020 \$ 2,246,718.58                 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br>Section 7.4 - Medicaid Disaster Relief for COVID-19 National Emergency | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )<br>New |

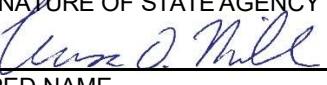
## 10. SUBJECT OF AMENDMENT

Medicaid Disaster Relief for the COVID-19 National Emergency

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

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED  
Review and approval authority  
has been delegated to the Department of Human Services

|                                                                                                                               |                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 16. RETURN TO<br>Commonwealth of Pennsylvania<br>Department of Human Services<br>Office of Medical Assistance Programs<br>Bureau of Policy, Analysis and Planning<br>P.O. Box 2675<br>Harrisburg, Pennsylvania 17105-2675 |
| 13. TYPED NAME<br>Teresa D. Miller                                                                                            |                                                                                                                                                                                                                           |
| 14. TITLE<br>Secretary of Human Services                                                                                      |                                                                                                                                                                                                                           |
| 15. DATE SUBMITTED<br>April 10, 2020                                                                                          |                                                                                                                                                                                                                           |

## FOR REGIONAL OFFICE USE ONLY

|                   |                   |
|-------------------|-------------------|
| 17. DATE RECEIVED | 18. DATE APPROVED |
|-------------------|-------------------|

## PLAN APPROVED - ONE COPY ATTACHED

|                                         |                                    |
|-----------------------------------------|------------------------------------|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 21. TYPED NAME                          | 22. TITLE                          |

## 23. REMARKS

## INSTRUCTIONS FOR COMPLETING FORM CMS-179

**Use Form CMS-179 to transmit State plan material to the regional office for approval. A separate typed transmittal form should be completed for each plan/amendment submitted.**

**Block 1 - Transmittal Number** - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a calendar year basis (e.g., 92-001, 92-002, etc.).

**Block 2 - State** - Type the name of the State submitting the plan material.

**Block 3 - Program Identification** - Title XIX of the Social Security Act (Medicaid).

**Block 4 - Proposed Effective Date** - Enter the proposed effective date of material.

**Block 5 - Type of Plan Material** - Check the appropriate box.

**Block 6 - Federal Statute/Regulation Citation** - Enter the appropriate statutory/regulatory citation.

**Block 7 - Federal Budget Impact - 7(a)** - Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA (in thousands) for 1st FFY. **7(b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. See SMM section 13026.

**Block 8 - Page No.(s) of Plan Section or Attachment** - Enter the page number(s) of plan material transmitted.  
If additional space is needed, use bond paper.

**Block 9 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable)** - Enter the page number(s) (including the transmittal sheet number) that is being superseded. If additional space is needed, use bond paper.

**Block 10 - Subject of Amendment** - Briefly describe plan material being transmitted.

**Block 11 - Governor's Review** - Check the appropriate box. See SMM section 13026 B.

**Block 12 - Signature of State Agency Official** - Authorized State official signs this block.

**Block 13 - Typed Name** - Type name of State official who signed block 12.

**Block 14 - Title** - Type title of State official who signed block 12.

**Block 15 - Date Submitted** - Enter the date you mail plan material to RO.

**Block 16 - Return To** - Type the name and address of State official to whom this form should be returned.

**Block 17-23 (FOR REGIONAL OFFICE USE ONLY).**

**Block 17 - Date Received** - Enter the date plan material is received in RO. See ROM section 6003.2.

**Block 18 - Date Approved** - Enter the date RO approved the plan material.

**Block 19 - Effective Date of Approved Material** - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 23 or attach a sheet.

**Block 20 - Signature of Regional Official** - Approving RO official signs this block.

**Block 21 - Typed Name** - Type approving official's name.

**Block 22 - Title** - Type approving official's title.

**Block 23 - Remarks** - Use this block to reference pen and ink changes, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.