

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 09-007	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 5.86 million b. FFY 2010 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19A, Page 21k	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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10. SUBJECT OF AMENDMENT:  
Additional Class of Disproportionate Share Payments to Critical Access Hospitals and Qualifying Rural Hospitals

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Review and approval authority has  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      been delegated to the Department of  
Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Estelle B. Richman</i>	16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Budget and Planning P.O. Box 8046 Harrisburg, Pennsylvania 17105
13. TYPED NAME: Estelle B. Richman	
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: JUN 8 - 2009	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 10-29-09
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR - 1 2009	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Budd S. Snow</i>
21. TYPED NAME: William Lasowski	22. TITLE: Deputy Director CMSA
23. REMARKS:	