

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 09-017	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 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 447.250	7. FEDERAL BUDGET IMPACT: a. FFY 2009      \$0 b. FFY 2010      \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  4.19D Part Ia, Page 1a.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  4.19D Part Ia, Page 1a.

10. SUBJECT OF AMENDMENT:

Budget Adjustment Factor for County Nursing Facilities for Rate Year 2009-2010 and extension of the BAF for rate years 2009-2010 and 2010-2011.

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 Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Estelle B. Richman</i>	16. RETURN TO:
13. TYPED NAME: Estelle B. Richman	Commonwealth of Pennsylvania Department of Public Welfare P.O. Box 2675 Harrisburg, Pennsylvania 17105
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: SEP 30 2009	

**FOR REGIONAL OFFICE USE ONLY**

DATE RECEIVED:	18. DATE APPROVED: 9-22-10
PLAN APPROVED - ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: JUL -1 2009	20. SIGNATURE OF REGIONAL OFFICIAL: <i>William Lasowski</i>
TYPED NAME: William Lasowski	22. TITLE: Deputy Director, CMCS
REMARKS:	