EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	10-012	Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION	
	SOCIAL SECURITY ACT (MEDICAID)	
	Title XIX - Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2010 Mpc	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):	Junutry	2010
5. THE OFTERN MATERIAL (CREEK ORE).		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for	each amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Section 1860(2-14)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 - \$1,121,096	Estimated enhanced FMA
Social Security Act at Section 1924 1902 (a. (10) (E / [1/[w) MDC	b. FFY 2011 - \$1,325,113 -	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
	OR ATTACHMENT (If Applica	ble):
Attachment 2.2-A, Pages 96, 96, 96, 961, 96 ux		
Attachment 2.6-A, Pages 22 and 22a	Attachment 2.2-A, Pages 9a, 9b, 9c, 9d2, 9 40c-	
	Attachment 2.6-A, Pages 22 and 22a	
10. SUBJECT OF AMENDMENT:		
Resource Limits for Medicare Savings Program		
Resource Limits for Medicare Savings Program	OTHER, AS S	PECIFIED:
Resource Limits for Medicare Savings Program 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS S	PECIFIED:
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FORM HCFA-179 (07-92)