

2/2/10

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-014	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2010 October 1, 2010
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 433.36 Subpart C 1902 (a)(18) and 1917 (a) and (b) Section 1917(b)(1) - SSA	7. FEDERAL BUDGET IMPACT: a. FFY 2009 2010 \$ 0 b. FFY 2010 2011 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.22 page 2 53A and 53A1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): page 53A

10. SUBJECT OF AMENDMENT:
1) Limitations on Estate Recovery - Medicare Cost Sharing - as specified at 4.17(b)(3 cont) for qualified dual eligibles age 55 and over, for dates of service on or after 11/1/2010

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>Michael Nardone</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: MIKE NARDONE	
14. TITLE: Secretary of Public Welfare (ACTING)	
15. DATE SUBMITTED: 11-4-2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: FEB 03 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Ted Gallagher</i>
21. TYPED NAME: TED GALLAGHER	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS: