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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 10-016 | 2. STATE Pennsylvania |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE July 1, 2010 | |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250 | 7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part 1, pages 4a, 4b, 4c, 4d | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19D, Part 1a, page 5 |

10. SUBJECT OF AMENDMENT: Phase-in the use of a more recent version of the Resource Utilization Group III (RUG III) classification system version 5.12 44 grouper for MA nonpublic nursing facilities and the use of the most recent assessment of any type to establish a CMI score for each resident and to establish eligibility for pay-for-performance payments provided to county nursing facilities.

11. GOVERNOR'S REVIEW (Check One):

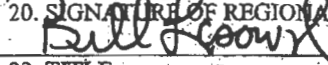
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare/Department of Aging Office of Long-Term Living 555 Walnut Street Forum Place, 5 th Floor Harrisburg, Pennsylvania 17101-1919 |
| 13. TYPED NAME: Harriet Dichter | |
| 14. TITLE: Secretary of Public Welfare | |
| 15. DATE SUBMITTED: JUL 30 2010 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: | 18. DATE APPROVED: 10-27-10 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2010 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: William Lasowski | 22. TITLE: Deputy Director, CMCS |
| 23. REMARKS: | |