HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-013	2. STATE Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	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, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMEN1 (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)
42 CFR 460.182	a. FFY 2011 b. FFY 2012	\$<1,067,567> \$<4,838,204>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Supplement 3, Page 5a and 5b	Attachment 3.1-A, Supplement 3, Page 5a and 5b	
10. SUBJECT OF AMENDMENT:		
Rate methodology for LIFE sites operating under Medicare and Medicaie	d Capitation Program of All-Inclusive Car	e for the Elderly.
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 SPEC Review and approval a delegated to the Secre	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Jan San San San San San San San San San S	Commonwealth of Pennsylvania	
13. TYPED NAME:	Department of Public Welfare/Department of Aging	
Gary D. Alexander 14. TITLE:	Office of Long-Term Living	
Secretary of Public Welfare	555 Walnut Street	
15. DATE SUBMITTED:	- Forum Place, 5 th Floor	
SEP 2 0 2011	Harrisburg, Pennsylvania 17101-1919	
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: SERVEMBER 20, 2011	18. DATE APPROVED: DEC	1 9 2011
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: MC CULLO LIGH	AUMINISTATION A	MCH REGILION
23. REMARKS:		