

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-016

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):

- 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 2011                                      \$0  
b. FFY 2012                                      \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 Years 2011-2012 and 2012-2013.

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 been  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                                     
delegated to the Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Gary D. Alexander

14. TITLE:  
Secretary of Public Welfare

15. DATE SUBMITTED:  
SEP 29 2011

16. RETURN TO:

Commonwealth of Pennsylvania  
Department of Public Welfare/Department of Aging  
Office of Long-Term Living  
55 Walnut Street  
Forum Place, 5<sup>th</sup> Floor  
Harrisburg, Pennsylvania 17101-1919

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:                                      **NOV 21 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**JUL - 1 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Penny Thompson**

22. TITLE: **Deputy Director, CMCS**

23. REMARKS: