

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER: 11-021	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2011		

5. TYPE OF PLAN MATERIAL. (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

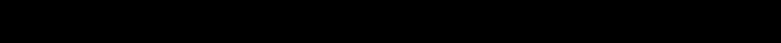
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.18 42 CFR 440.169	7. FEDERAL BUDGET IMPACT: a. FFY 2011 0 b. FFY 2012 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 5 to Attachment 3.1-A, pages 1-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 5 to Attachment 3.1-A, pages 1-4

10. SUBJECT OF AMENDMENT:
Targeted Case Management Services for Children Under Age 3 with a Developmental Delay

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Department of Public Welfare

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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, Pa. 17105
13. TYPED NAME: Gary D. Alexander	
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: September 1, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: NOV 23 2011
PLAN APPROVED - ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: 

20. TYPED NAME:  *Acting Associate Regional Administrator/PMCHD*

23. REMARKS:
Pen and ink change made to page 4 of Supplement 5 to Attachment 3.1-A per direction from DPW officials.