EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-003	2. STATE Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDI	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 13, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	CONSIDERED AS NEW PLAN	AMENDMENT
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 - \$0.00	an anenaneny
	b. FFY 2013-\$0.00	POPPER DI ANOTOTIONI
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5eb of Attachment 3.1A 	
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