

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 12-026	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE June 30, 2012 <i>JULY 1, 2012</i>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 441.18 42 CFR 440.169	7. FEDERAL BUDGET IMPACT: a. FFY N/A  b. FFY N/A
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B, Page 10 <i>SUPPLEMENT 4 TO ATTACHMENT 3.1-A, PAGES 1-4</i> <i>SUPPLEMENT 6 TO ATTACHMENT 3.1A, PAGES 1-4</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19B, Page 10 <i>SUPPLEMENT 4 TO ATTACHMENT 3.1-A, PAGES 1-4</i> <i>SUPPLEMENT 6 TO ATTACHMENT 3.1A, PAGES 1-4</i>
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10. SUBJECT OF AMENDMENT:  
Revised language recommended by CMS addressing payment methodology as related to approval of SPA 11-021

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT       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: <b>JUN 28 2012</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <i>JUNE 28, 2012</i>	18. DATE APPROVED: <b>SEP 21 2012</b>
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19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JULY 1, 2012</i>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <i>FRANCIS McCULLOUGH</i>	22. TITLE: <i>ASSOCIATE REGIONAL ADMINISTRATOR DIV. OF MEDICAL CHILDREN'S HEALTH OPERATIONS</i>

23. REMARKS:  
*ITEMS # 4, 8, & 9 PEN AND INK CHANGES WERE MADE AT THE REQUEST OF PA MEDICAID OFFICIALS.*