

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

1. TRANSMITTAL NUMBER:  
12-027

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, 2013

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 431.51, 42 CFR 440.50, 42 CFR 440.60, 42 CFR 440.70,  
42 CFR 440.110, 42 CFR 440.130, 42 CFR 440.166, 42 CFR 440.167,  
42 CFR 440.170

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 - \$37,157,000.00  
b. FFY 2014 - \$160,189,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Pages 1ka-1kf  
Attachment 3.1-D, Pages 2 and 3  
Attachment 4.19-B, Pages 2da-2dc

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-D, Pages 2 and 3

10. SUBJECT OF AMENDMENT:

School-based services being added to state plan as required by CMS.

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:

*Beverly Mackereth*

13. TYPED NAME:

Beverly D. Mackereth

14. TITLE:

Acting Secretary of Public Welfare

15. DATE SUBMITTED:

MAY 30 2013

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

17. DATE RECEIVED:

MAY 30 2013

18. DATE APPROVED:

JUN 17 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2013 JUL 01 2013

21. TYPED NAME:

FRANCIS T. McCallough

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS: