

**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:

12-028

2. STATE

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
Title XIX

4. PROPOSED EFFECTIVE DATE

July 1, 2012

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 440.100

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pg. 2b, Attachment 4.19B

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$0.00

b. FFY 2012 \$0.00

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Pg. 2b, Attachment 4.19B

10. SUBJECT OF AMENDMENT:

Dental Services Methods and Standards for Establishing Payment Rates

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Review and approval authority has
been delegated to the Department of
Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary D. Alexander

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

AUG 10 2012

16. RETURN TO:

Commonwealth of Pennsylvania

Department of Public Welfare

Office of Medical Assistance Programs

Bureau of Policy, Analysis and Planning

P.O. Box 8046

Harrisburg, Pennsylvania 17105

17. DATE RECEIVED:

AUGUST 10, 2012

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

November 9, 2012

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2012

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

FRANCIS MC CLEODON

REGIONAL ADMINISTRATOR
DIV OF MEDICAL ASSISTANCE PROGRAMS

23. REMARKS: