EPARTMENT OF HEALTH AND HUMAN SERVICES IEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-022	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):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	والمحافظ والمحاف	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250	7. FEDERAL BUDGET IMPACT: a. FFY 2013 b. FFY 2014	\$0 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicat	
4.19D Part I, Page 8ad 4.19D Part I, Supplement III, Pages 7 and 8	4.19D Part I, Page 8ad	
Extension of the Budget Adjustment Factor (BAF) for Rate Years 2013- Nursing Facilities for Rate Years 2013-2014 and 2014-2015. 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 SI Review and appro	-
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Deverly Machen the	PA Department of Public Welfare	
13. TYPED NAME:	 Office of Long-Term Living/Forum Place 6th Floor Attention: Bureau of Policy and Regulatory Management P.O. Box 8025 Harrisburg, Pennsylvania 17105-8025 	
Beverly D. Mackereth 14. TITLE:		
Secretary of Public Welfare		
15. DATE SUBMITTED: SEP 1 0 2013		
FOR REGIONAL O	FFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	NOV 0 7 2013
PLAN APPROVED - O		110 4 0 1 2010
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL	OFFICIAL
21. TYPED NAME: PENNY Thompson	22. TITLE: Denvir Director Blic	LINFINANCIA Mdc. CMC
23. REMARKS:	/ 3 7	1

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