DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

Region III/Division of Medicaid and Children's Health Operations

SWIFT #101320114019

NOV 10 2011

Vincent Gordon, Deputy Secretary
Office of Medical Assistance Programs
Department of Public Welfare
P.O. Box 2675
Health & Welfare Building, Room 515
Harrisburg, PA 17105-2675

Re: Request for Amendment of Pennsylvania's Consolidated Waiver (CMS Control #PA.0147.R04.05)

Dear Mr. Gordon:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your request to amend Pennsylvania's Consolidated Home and Community-Based Services (HCBS) Waiver. The CMS Control number assigned to this amendment is PA.0147.R04.05. Please refer to this number in all future correspondence regarding this waiver. This amendment updates the rate setting section to modify the list of fee schedule services and makes other modifications to the language related to the Medical Assistance Fee Schedule rate development process. It also updates Appendix C-1/C-3 by removing the rate information included in the definition of transportation "mile". The effective date is November 15, 2011.

The waiver, authorized under the provisions of 1915(c) of the Social Security Act, provide the following home and community-based services: Education Support Services, Home and Community Habilitation, Homemaker/Chore, Licensed Day Habilitation, Prevocational Services, Residential Habilitation, Respite, Supported Employment, Supports Coordination, Nursing, Therapy Services, Supports Broker Services, Assistive Technology, Behavioral Support, Companion, Home Accessibility Adaptations, Home Finding, Specialized Supplies, Transitional Work Services, Transportation, and Vehicle Accessibility Adaptations.

This approval is based on the assurances and information that the State has provided. This approval is also subject to your agreement to provide home and community-based services, on an annual basis, to no more than those indicated as Factor "C" in your approved per capita expenditure estimates below.

Do you know someone who has been denied medical insurance because of a pre-existing condition? If so, they may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit www.pcip.gov and click on "Find Your State" to learn more

Waiver Year	C Factor	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
1	16,942	$76,890.68	$9,668.00	$131,219.00	$6,431.00
2	17,559	$78,124.37	$9,861.00	$133,843.00	$6,560.00
3	17,619	$82,867.10	$10,058.00	$136,520.00	$6,691.00
4	17,646	$85,049.75	$10,259.00	$139,250.00	$6,825.00
5	17,646	$85,641.71	$10,464.00	$142,035.00	$6,962.00

We appreciate the assistance and cooperation provided by your staff throughout the amendment process. Please contact Harry Mirach at (215) 861-4284 if you have any questions regarding this matter.

Sincerely,

Francis McCullough
Acting Associate Regional Administrator

cc: Leesa Allen, OMAP
Jeanne Meikrantz, ODP
Nancy Kirchner, CMCS