Date

Commonwealth of Pennsylvania

Office of Developmental Programs

Forum Place, 8th Floor, ODP Suite

P.O. Box 2675, Harrisburg, PA 17105

**(via email to:** [**RA-PWODPICFID@pa.gov**](mailto:RA-PWODPICFID@pa.gov)**)**

Attention: Bureau of Financial Management and Program Support, ICF/ID Unit

This transmittal letter pertains to:

Reporting period: 07/01/20## through 6/30/20##

Provider Facility:

for the following sites/locations:

|  |  |  |
| --- | --- | --- |
| ***Site Name*** | ***MPI Number*** | ***Address*** |
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**Misrepresentation or falsification of any information contained in this transmittal including the cost report and budget schedules may be punishable by fine and/or imprisonment under State or Federal law.**

The documents being transmitted are (please mark all that are applicable):

1. Cost report (ID-46).

2. Waiver request of Section 6211.64, Minimum Occupancy, if occupancy falls below 98%.

If requesting a waiver of minimum occupancy identify below which one or more of the following conditions have been met:

a. The facility is in its first year of operation.

b. The facility is increasing or decreasing the number of certified beds.

c. The facility has a certified capacity of less than 16 beds.

Please include an explanation and specific details of the circumstances which occurred and caused the provider to fall below 98% occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also complete the Waiver Minimum Occupancy tab 2OC within the ID-46.

3. Budget Change Request: An electronic copy of the ID-47 Budget Change Form for each facility reflecting the requested budget and requested per diem rate. Please include an explanation of all Budget Changes (Waiver request, Movement of Funds, Budget Modifications greater than 10%) requested and affected facilities below:

| Type of Change (e.g., Waiver requests, Movement of Funds, Budget Modifications) | Site Name | Total Amount of requests for each site\* |
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| \*This amount should match the total per the ID-47 Budget Change Request form for the first request for the fiscal year. For subsequent requests, the total above should match the total of the ID-47 Budget Change Request form less the amount previously requested (since the Budget Change Request form is cumulative for the FY). | | |

(This page must be followed by the signed Certification section prepared from the PDF form.)