



Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

MAY 23 2011

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 09-001. This SPA was submitted to my office on July 30, 2009 requesting to amend the State Plan to exclude coverage of nine optional benefits.

This effective date of this SPA is July 1, 2009. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations on Attachment 3.1-A, page 2
- Limitations on Attachment 3.1-A, pages 3-3E
- Limitations on Attachment 3.1-A, pages 10B,10C
- Limitations on Attachment 3.1-A, pages 11-11B
- Limitations on Attachment 3.1-A, pages 12, 12A
- Limitations on Attachment 3.1-A, pages 15-15B
- Limitations on Attachment 3.1-A, pages 16, 16A
- Limitations on Attachment 3.1-A, pages 18, 18A
- Limitations on Attachment 3.1-A, page 21
- Limitations on Attachment 3.1-B, page 2
- Limitations on Attachment 3.1-B, pages 3-3E
- Limitations on Attachment 3.1-B, page 10B, 10C
- Limitations on Attachment 3.1-B, pages 11-11B
- Limitations on Attachment 3.1-B, pages 12, 12A
- Limitations on Attachment 3.1-B, pages 15-15B
- Limitations on Attachment 3.1-B, pages 16, 16A
- Limitations on Attachment 3.1-B, pages 18, 18A
- Limitations on Attachment 3.1-B, page 21
- Supplement 6 to Attachment 4.19-B, pages 1-2, 2A

If you have any questions, please contact Kristin Curran by phone at (415) 744-3579 or by email at Kristin.Curran@cms.hhs.gov.

Sincerely,



Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Janice Spitzer, California Department of Health Care Services