

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

09-007

2. STATE

California

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

April 1, 2009

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:

1932(a)(1)(A) Mandatory Managed Care Enrollment

7. FEDERAL BUDGET IMPACT:

a. FFY \$0.00

b. FFY \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

09-007 Attachment 3.1-F

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

08-016 Attachment 3.1-F

10. SUBJECT OF AMENDMENT:

Medi-Cal Managed Care: Removal of Placer Geographic Managed Care (GMC): Managed Care Expansion.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Toby Douglas

14. TITLE:

Chief Deputy Director, Health Care Programs

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Care Services  
Utilization Management Division  
Administrative Support Unit  
1501 Capitol Avenue, MS 4506, Ste. 71.3.26  
Sacramento, CA 95814  
ATTN: State Plan Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

May 21, 2009

18. DATE APPROVED

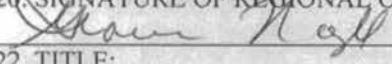
JUN 29 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Gloria Nagle, Ph.D., MPA

22. TITLE:

Associate Regional Administrator, DMCHO

23. REMARKS: