

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

1. TRANSMITTAL NUMBER:  
09-015

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  
July 01, 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:  
  
42 CFR Section 491.2 & 2 CFR 440.20

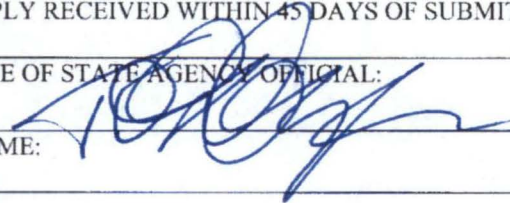
7. FEDERAL BUDGET IMPACT:  
a. FFY 2009-2010      \$0 \$ -130,058,000 (Reduction)  
b. FFY 2010-2011      \$0 \$ -50,393,000 (Reduction)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19B, Pages 6B, 6B.1, 6C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Attachment 4.19B, Pages 6B, 6C

10. SUBJECT OF AMENDMENT:  
Reduction in optional benefits for Federally Qualified Health Centers and Rural Health Clinics

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Toby Douglas

14. TITLE:  
Chief Deputy Director

15. DATE SUBMITTED:  
7/30/09

16. RETURN TO:  
  
Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, Suite 71.3.26  
P.O. Box 997417  
Sacramento, CA 95899-7417

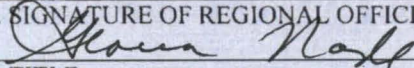
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 7/30/09

18. DATE APPROVED: MAY 23 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/09

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:  
  
Pen and ink change to Box 6 confirmed via emails dated 4/22/11 and 4/28/11.  
Pen and ink changes to Box 7 confirmed via email dated 4/28/11.