EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-018B	2. STATE CA
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 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE April 1, 2009	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for e	each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:  Title 42 of the Code of Federal Regulations (CFR) Part 413  Provider Reimbursement Manual (CMS Pub 15-1) 42 CFR 447	7. FEDERAL BUDGET IMPACT:  a. FFY 2008 2009 b. FFY 2009 2010	\$250 million
42 CFR 447Subpart F 9/10 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	FFY 2011 \$587,414,629 9. PAGE NUMBER OF THE SUPE	ERSEDED PLAN SECTIO
Supplement 12 to Attachment 4.19-B pages 1-4	OR ATTACHMENT (If Application)	ble):
10. SUBJECT OF AMENDMENT: Supplemental Reimbursement for Hospital Outpatient Services  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		PECIFIED: 's Office does not the State Plan Amendmen
12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME:  Toby Douglas  14. TITLE:  Chief Deputy Director  15. DATE SUBMITTED:	16. RETURN TO: Department of Health Care Service Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.400 MS 4612 P.O. Box 997413 Sacramento, CA 95899-7413	
FOR REGIONAL O	FFICE USE ONLY	Appropriate the second
JUN 2 9 2009	18. DATE APPROVED: OCT	8 2010
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 1 2009		
21. TYPED NAME: Gloria Hagle	22. TITLE: Associate Regional	
Pen-and-ink changes made to Boxe dated 10/4/2010.	s 6, 7, and 8 with State	concurrence