

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

1. TRANSMITTAL NUMBER:
09-023 A

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
OCTOBER 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:

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$168.5M \$ c. 2012 \$137.2M
b. FFY 2011 \$149.2M \$ d. 2013 \$140.6M

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1 - i
Attachment ~~3.1-C~~ pages ~~1-51~~ 1-81
Attachment 4.19-B pages ~~64-70~~ 69-77

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NONE

10. SUBJECT OF AMENDMENT:

1915i - Home and Community Based 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

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Vanessa Band

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

13. TYPED NAME:

Toby Douglas

14. TITLE:

Chief Deputy Director

15. DATE SUBMITTED: 12/30/09

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/30/09

18. DATE APPROVED:

APR 25 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

Donald Two - for

21. TYPED NAME: Gloria Nagle, PhD, MPA

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and Ink revisions made to boxes 1, 5, 7 and 8 per the State's request and approval.