

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

1. TRANSMITTAL NUMBER:  
10-007

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

4. PROPOSED EFFECTIVE DATE  
October 1, 2010

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:

Social Security Act § 1903 (r)

Qualifying Individual (QI) Program Supplemental Funding Act of 2008

7. FEDERAL BUDGET IMPACT:

a. FFY 2009-2010 2011 \$175,000 - 1,715,000 (estimated savings)  
b. FFY 2010-2011 2012 \$175,000 - 1,817,000 (" ")

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.32  
Page 79

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

~~N/A~~  
Section 4.32  
Page 79

10. SUBJECT OF AMENDMENT: Under the direction of State Medicaid Director Letter #10-009, California is demonstrating compliance with the new requirements in section 1903 (r) of the Social Security Act, by documenting California's participation in the Public Assistance Reporting Information System (PARIS)

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 M. Reid* 12/2/10

13. TYPED NAME:

Toby Douglas

14. TITLE:

Chief Deputy Director

15. DATE SUBMITTED:

December 3, 2010

16. RETURN TO:

Department of Health Care Services  
Kathryn Waje  
State Plan Coordinator  
Utilization Management Division  
Department of Health Care Services  
1501 Capitol Avenue, MS 4506  
P.O. Box 997413  
Sacramento, CA 95899-7413

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/3/10

18. DATE APPROVED: FEB 15 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/10

20. SIGNATURE OF REGIONAL OFFICIAL:

*Gloria Nagle*

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes to boxes 4,6,7,9,11 and 15 confirmed via email on 1/18/11.