

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

1. TRANSMITTAL NUMBER:
10-008a

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 1, 2011

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:

Section 1915(g) Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2011/2012 \$0 ~~\$36,880,146~~
b. FFY 2012/2013 \$0 ~~\$35,680,146~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1a to Attachment 3.1-A, page 1-5
Supplement 1h to Attachment 3.1-A, Pages 1-5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1a to Attachment 3.1-A pages 1-5, and
~~Supplement 1b to Attachment 3.1-A, page 1-4~~
Supplement 1h to Attachment 3.1-A, Pages 1-5

10. SUBJECT OF AMENDMENT:

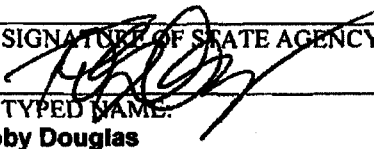
Targeted Case Management- ~~beneficiaries who are Families with Children~~ Under the Age of 21

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:



13. TYPED NAME:

Toby Douglas

14. TITLE:

Chief Deputy Director

15. DATE SUBMITTED:

October 5, 2010

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:

October 5, 2010

18. DATE APPROVED:

SEP 09 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Gloria Nagle

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Box 7 Pen and Ink change approved via RAI response on 6/17/11 and via email on 8/4/11
Box 10 Pen and Ink change approved via RAI response on 6/17/11.
Boxes 8,9 and 15 Pen and Ink change approved via email on 8/4/11.