TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER: 10-008c	2. STATE California
STATE PLAN MATERIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	L. 1. 0044	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	July 1, 2011	
3. I THE OF FLAN MATERIAL (CRECK One).		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1915(g) Social Security Act	a. FFY 2011 \$0 X\$1 b. FFY 2012 \$0 X\$	XXXXXX V7.12 C 20 C 10 C 20 C 2
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	SEDED PLAN SECTION
	OR ATTACHMENT (If Applicable	<i>e)</i> :
Supplement 1d to Attachment 3.1-A, pages 1-5	AXXI TARENT SE TAN AND AND AND AND AND AND AND AND AND A	Ax pagesx x-4x
	Supplement 1d to Attachm	ent 3.1-A, Pages 1-4
10. SUBJECT OF AMENDMENT:	Individua	als at risk
Targeted Case Management-////////////////////////////////////	A T	tutionalization
11. GOVERNOR'S REVIEW (Check One):	A AAAAAAAAAAAAA	
GOVERNOR'S OFFICE REPORTED NO COMMENT	🛮 OTHER, AS SPE	witten.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor's	Office does not
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMETTAL	The Governor's	
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