

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-008d	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2011
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

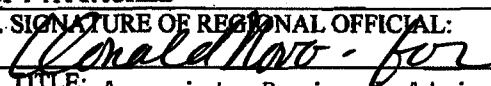
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g) Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 x \$4,243,267 b. FFY 2012 \$0 x \$4,243,267
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1e to Attachment 3.1-A, page 1-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1e to Attachment 3.1-A, page 1-5 Supplement 1e to Attachment 3.1-A, page 1-4

10. SUBJECT OF AMENDMENT:
Individuals in Jopardy of Negative Health or Psycho-Social Outcomes
Targeted Case Management - ~~beneficiaries who are children and adults at risk for poor health, social or behavioral outcomes~~

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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: October 5, 2010	

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 9 and 15 Pen and Ink change approved via email on 8/4/11.