

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

1. TRANSMITTAL NUMBER:  
**10-009**

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, 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:  
**42 CFR 433.36(h) – (i), 1917 (b) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010/11                      \$619,000  
b. FFY 2011/12                      \$550,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Section 4.17, page 53a-1, 53a**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
**None - Section 4.17, page 53a**

10. SUBJECT OF AMENDMENT:

**Limitations on Estate Recovery – Medicare Cost Sharing for referenced dual eligibles, age 55 and over, effective 1/1/10.**

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: **12/1/10**

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: **12/1/10**

18. DATE APPROVED: **FEB 04 2011**

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

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Gloria Nagle**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:  
  
**Pen and ink changes to boxes 6 and 9, confirmed via email on 2/21/11**  
  
**Pen and ink change to Box 10 confirmed via email on 1/21/11.**