

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-007	2. STATE CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2013
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: 1915(k) 42 CFR part 441	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0 <del>\$3,858,506,810</del> <b>tws</b> b. FFY 2014 \$0 <del>\$2,802,504,600</del>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>tws</b> Attachment 3.1-K, <del>pages 1-26</del> Pages 1, 1a, 5, 8, 9, 13, 14, 17, 21 and 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>tws</b> Attachment 3.1-K, <del>pages 1-26</del> Pages 1, 5, 8, 9, 13, 14 17, 21 and 22

10. SUBJECT OF AMENDMENT:  
**Community First Choice Option**

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 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: MAY 03 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: May 3, 2013	18. DATE APPROVED:
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/13	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regional Administrator

23. REMARKS: Pen and Ink Changes: Boxes 7, 8 and 9