

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

1. TRANSMITTAL NUMBER:
09-006

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
~~August 1, 2009~~ **October 1, 2009** pen: ink change.

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 Part 441

7. FEDERAL BUDGET IMPACT:
a. FFY 2009-2010 \$0.00
b. FFY 2010-2011 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT: The approved five-year 1115 Demonstration project for the In-Home Supportive Services Plus Waiver is set to expire July 31, 2009. CMS will no longer renew or approve 1115 Demonstrations for Personal Assistance Services (PAS). The 1915(j) is being submitted for consideration and transferring all IHSS Plus clients into the 1915(j) State Plan Option.

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:

16. RETURN TO:

Department of Health Care Services
Attention: State Plan Coordinator
1501 Capitol Avenue, Third Floor
Sacramento, CA 95814

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

April 7, 2009

18. DATE APPROVED:

9/29/2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Gloria Nagle, PhD, MPA

22. TITLE:

Associate Regional Administrator, DMCHO

23. REMARKS: