TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL   1. TRANSMITTAL NUMBER:   2. STATE CA     FOR: HEALTH CARE FINANCING ADMINISTRATION   3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID   2. STATE CA     TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES   4. PROPOSED EFFECTIVE DATE HEALTH CARE FINANCING COMMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES   July 1, 2009     S. TYPE OF PLAN MATERIAL (Check One):   July 1, 2009   S. TYPE OF PLAN MATERIAL (Check One):   July 1, 2009     COMPLETE BLOCKS 6 THENU 10 IF THISIS AN AMENDMENT (Separate Transmittal for each amendment)   7. FEDERAL STATUTEREGULATION CITATION: TITLE XIX of the Social Security Act, Section 1902(h2) R. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:   9. FFY 2009-2010   S None     8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:   9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:   9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:     Attachment 2.2-A Page 9c2 Supplement 8a to Attachment 2.6-A Page 11   9. PAGE NUMBER OF THE SEEDED PLAN SECTION OR ATTACHMENT OF GOVERNOR'S OFFICE ENCLOSED COMMENTS OF GOVERNOR'S OFFICE EXCLOSED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED CHIE DEPUTY DIRECTOR   16. RETURN TO:     13. TYPED NAME   15. DATE APPROVED WITHIN 45 DAYS OF SUBMITTAL   Department of Health Care Services Attu: State Plan Accordinator 18	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		
• STATE PLAN MATERIAL   09-010   CA     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   July 1, 2009     5. TYPE OF PLAN MATERIAL ( <i>Check Ome</i> ):   July 1, 2009     OPPOSED FFECTIVE DATE   AMENDMENT TO BE CONSIDERED AS NEW PLAN     COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each attendment)   6. FEDERAL ALI ( <i>Check Ome</i> ):     COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each attendment)   7. FEDERAL BUDGET IMPACT:     C. FEDERAL STATUTFRECOLATION CITATION:   7. FEDERAL BUDGET IMPACT:     C. FEDERAL SCILLATION CITATION:   7. FEDERAL BUDGET IMPACT:     B. FAGE NUMBER OF THE SUBJECTION OR ATTACHMENT:   9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:     Attachment 2.2-A   N/A     Page 911   N/A     10. SUBJECT OF AMENDMENT:   N/A     New Program and Income Exemption for those Individuals Who Would Otherwise Be Eligible Under the Pickle Amendment     11. GOVERNOR'S OFFICE REPORTED NO COMMENT   GOVERNOR'S OFFICE REPORTED NO COMMENT     GOVERNOR'S OFFICE REPORTED NO COMMENT   Department of Health Care Services Attra:: State Plan Amendment.	TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES   July 1, 2009     5. TYPE OF PLAN MATERIAL (Check One):   AMENDMENT TO BE CONSIDERED AS NEW PLAN Ø AMENDMENT     COMPLETE BLOCKS 6 TIRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)   FEDERAL STATUTE/REGULATION CITATION:     1. REV STATE PLAN   AMENDMENT TO BE CONSIDERED AS NEW PLAN Ø AMENDMENT   COMPLETE BLOCKS 6 TIRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)     6. FEDERAL STATUTE/REGULATION CITATION:   7. FEDERAL BUDGET IMPACT:   a. FFY 2000-2010 § None     1. Rik No the Social Security Act, Section 1902(a)(0)(A)(ii)(1)   b. FFY 2010-2011 § None   b. FFY 2010-2011 § None     8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:   9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT:   NA     Attachment 2.2-A   N/A   NA   Page 9C2     Supplement 8a to Attachment 2.6-A   Page 11   NA     10. SUBJECT OF AMENDMENT:   NA   NA     New Program and Income Exemption for those Individuals Who Would Otherwise Be Eligible Under the Pickle Amendment   The Governor's Office Centre or Soffice ENCLOSED     I GOVERNOR'S REVIEW (Check One):   I GOVERNOR'S OFFICE ENCLOSED   The Governor's Office does not wish to review the State Plan Amendment.     12. SIGNATURE OF REGOVEND OFFICIAL:   16. RETURN TO:   I SATTE STATE PLAN AMENCY OFFICIAL:	TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
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10by Douglas   1501 Capitol Avenue, Suite 71.3.26     14. TITLE:   P.O. Box 997417     Chief Deputy Director   Sacramento, CA 95899-7417     15. DATE SUBMITTED:   FOR REGIONAL OFFICE USE ONLY     17. DATE RECEIVED:   18. DATE APPROVED:     July 8, 2009   9.24. 2001     PLAN APPROVED - ONE COPY ATTACHED   19. EFFECTIVE DATE OF APPROVED MATERIAL:     July 1, 2009   20. SIGNATURE OF REGIONAL OFFICIAL:     21. TYPED NAME:   22. TITLE:     Gloria Nagle, PhD, MPA   Associate Regional Administrator, DMCHO	13. TYPED NAME.		
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	<u>Gloria Nagle, PhD, MPA</u> 23. REMARKS:	Associate Regional Admi	<u>nistrator, DMCHO</u>