

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
09-010

2. STATE
CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2009

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:

Title XIX of the Social Security Act, Section 1902(r)(2)

Title XIX of the Social Security Act, Section 1902(a)(10)(A)(ii)(I)

7. FEDERAL BUDGET IMPACT:

a. FFY 2009-2010 \$ None

b. FFY 2010-2011 \$ None

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

N/A

10. SUBJECT OF AMENDMENT:

New Program and Income Exemption for those Individuals Who Would Otherwise Be Eligible Under the Pickle Amendment

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

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:

July 8, 2009

18. DATE APPROVED:


9.24.2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

 FOR GLORIA NAGLE

21. TYPED NAME:

Gloria Nagle, PhD, MPA

22. TITLE:

Associate Regional Administrator, DMCHO

23. REMARKS: