DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-008e	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 July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):	dana Santa Angela ang ang ang ang ang ang ang ang ang an	
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION;	NDMENT (Separate Transmittal for ed 7. FEDERAL BUDGET IMPACT:	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g) Social Security Act	a. FFY 2011 \$0 ×53,440,042X b. FFY 2012 \$0 × \$3,440,042X	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	
· · · · · · · · · · · · · · · · · · ·	OR ATTACHMENT (If Applicable): אין אין אין אין אין אין אין אין אין אין	
Supplement 1f to Attachment 3.1-A, page 1-5		
	Supplement 1f to Attach	nent 3.1-A, Page 1-5
Targeted Case Management-beneficiaries with Communicable Q         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         12. SIGNATURE OF STATE AGENCY OFFICIAL:         13. TYPED NAME:         Toby Douglas         14. TITLE:	OTHER, AS SP The Governor's wish to review to 16. RETURN TO: Department of He Attn: State Plan C 1501 Capitol Aven	ECIFIED: office does not the State Plan Amendment. alth Care Services oordinator
Chief Deputy Director	P.O. Box 997417	
15. DATE SUBMITTED: October 5, 2010	- Sacramento, CA 9	5699-/41/
FOR REGIONAL O	FFICE USE ONLY	
17. DATE RECEIVED: October 5, 2010	FFICE USE ONLY 18. DATE APPROVED: SEP 0:	9 2011
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2010	20. SIGNATURE OF CGIONAL	OFFICIAL:
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional A	dministrator
23. REMARKS:	-	
Box 7 Pen and Ink change approved via RAI Box 10 Pen and Ink change approved via RA		via email on 8/4/11

Boxes 9 and 15 Pen and Ink change approved via email on 8/14/11.

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