

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11-017</b>	2. STATE <b>CA</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>OCTOBER 01, 2011</b>	

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: <b>SOCIAL SECURITY ACT 1905 (e)</b>	7. FEDERAL BUDGET IMPACT: a. FFY <b>\$ N/A, NONE</b> b. FFY <b>\$ N/A, NONE</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 3.1 (f)(1), page 27; Attachment 3.1-A, page 3 <del>Attachment 3.1A, item 6(b), page 3; 3.1B, item 6(b), page 3;</del> <del>Limitations on Attachment 3.1A, item 5(a), page 10a; 3.1B, item 5(a), page 10a;</del> Limitations on Attachment 3.1-A, pages 10a.2 & 11 <del>Limitations on Attachment 3.1A, item 6(b), page 11; 3.1B, item 6(b) page 11;</del> Attachment 3.1-B, page 3 Limitations on Attachment 3.1-B, pages 10a.2 & 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Replaces Section 3.1(f)(1), page 27; Replaces Attachment 3.1A and 3.1B, item 6(b), page 3; Replaces Limitations on Attachment 3.1A and 3.1B, item 5(a), page 10a; Attachment 3.1-B, page 3 Replaces Limitations on Attachment 3.1A and 3.1B, item 6(b), page 11; Limitations on Attachment 3.1-B, page 11

10. SUBJECT OF AMENDMENT:  
OPTOMETRIST AS ELIGIBLE PROVIDER

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 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: 9/29/11	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/29/11	18. DATE APPROVED: JAN 23 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator

23. REMARKS:  
Pen and ink changes to boxes 8 & 9 confirmed via email on 1/10/13.