

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-037b	2. STATE California
	3. PROGRAM IDENTIFICATION: Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE March 2, 2012 April 1, 2012
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 U.S.C. 1396a, 42 CFR Part 440	7. FEDERAL BUDGET IMPACT: N/A
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-B, page 15 Limitations on Attachment 3.1-A Page 19 Limitations on Attachment 3.1-B Page 19 Limitations on Attachment 3.1-A Page 19A 10a.1 Limitations on Attachment 3.1-B Page 19A 10a.1 Limitations on Attachment 3.1-A, page 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Limitations on Attachment 3.1-A Page 19 Limitations on Attachment 3.1-B Page 19 Limitations on Attachment 3.1-A, page 15 Limitations on Attachment 3.1-B, page 15

10. SUBJECT OF AMENDMENT:
Response to comments on the companion letter dated July 1, 2011 – amendments to chronic dialysis services and outpatient heroin detoxification services.

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: 2/16/11	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 2/16/11	18. DATE APPROVED: SEP 20 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator
23. REMARKS: Pen and ink changes submitted with 6/27/12 response.	