DEPARTMENT OF HEALTH AND HUMAN SERVICES IEALTH CARE FINANCING ADMINISTRATION		FORM APPROVE OMB NO. 0938-01	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
, STATE PLAN MATERIAL	09-008	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			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2009		
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN	E CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
Title XIX of the Social Security Act, Section $1902(r)(2)$	a. FFY 2009-2010	\$ None	
Title XIX of the Social Security Act, Section 1902(a)(10)(A)(ii)(XIII)		\$ None	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	: 9. PAGE NUMBER OF THE SUPE	RSEDED PLAN SECTIO	
	OR ATTACHMENT (If Applicab	OR ATTACHMENT <i>(If Applicable)</i> : N/A	
Supplement 8a to Attachment 2.6-A	N/A		
Page 5a			
Income Exemption for the 250% Working Disabled Program			
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