

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

1. TRANSMITTAL NUMBER:
11-009

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
June 1, 2011

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 CFR, Sections

7. FEDERAL BUDGET IMPACT: See Box 23.
~~FFY 2011: \$56.1M (Savings)~~
~~FFY 2012: \$234.2M (Savings)~~
~~FFY 2013: \$228.8M (Savings)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~Attachment 4.19-B: amended pages 3.3, 3.4 and 64~~
Attachment 4.19-B: amended pages 3.3, 3.4 and 64
Attachment 4.19-B: added page 3.5
Supplement 2 to Attachment 4.19-B: amended page 9

~~Attachment 4.9-B: pages 3.3, 3.4 and 64 (10-022)~~
Attachment 4.9-B: Pages 3.3, 3.4 and 64
Supplement 2 to Attachment 4.16-B: page 9

10. SUBJECT OF AMENDMENT:
Ten Percent Payment Reduction for Medi-Cal Outpatient Services

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:


16. RETURN TO:

13. TYPED NAME:

Toby Douglas

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.3.26
P.O. Box 997417
Sacramento, CA 95899-7417

14. TITLE:

Director

15. DATE SUBMITTED:
June 30, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 30, 2011

18. DATE APPROVED: **OCT 27 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
June 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Gloria Nagle

22. TITLE:
Associate Regional Administrator

23. REMARKS:

From Box 7. FEDERAL BUDGET IMPACT:
FFY 2011 (-\$52.2M) (4 Mo.) (Savings)
FFY 2012 (-\$234.2M) (Savings)
FFY 2013 (-\$228.8M) (Savings)
Box 7, 8 and 9 changes approved via e-mail on October 17, 2011 and October 18, 2011.