

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-013	2. STATE California
	3. PROGRAM IDENTIFICATION: Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE November 1, 2011	
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)

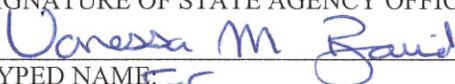
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 1396a, 42 CFR Part 440	7. FEDERAL BUDGET IMPACT: FFY 12 -\$41,041,000 (Reduction)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A Page 2 Limitations on Attachment 3.1-B Page 2 Limitations on Attachment 3.1-A Page 3 Limitations on Attachment 3.1-B Page 3 Limitations on Attachment 3.1-A Page 3A Limitations on Attachment 3.1-B Page 3A Limitations on Attachment 3.1-A Page 3C Limitations on Attachment 3.1-B Page 3C Limitations on Attachment 3.1-A Page 3D Limitations on Attachment 3.1-B Page 3D Limitations on Attachment 3.1-A Page 10a Limitations on Attachment 3.1-B Page 10a Limitations on Attachment 3.1-A Page 10a.1 Limitations on Attachment 3.1-B Page 10a.1 Attachment 4.19-B Page 6B Attachment 4.19-B Page 6B.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Limitations on Attachment 3.1-A Page 2 Limitations on Attachment 3.1-B Page 2 Limitations on Attachment 3.1-A Page 3 Limitations on Attachment 3.1-B Page 3 Limitations on Attachment 3.1-A Page 3A Limitations on Attachment 3.1-B Page 3A Limitations on Attachment 3.1-A Page 3C Limitations on Attachment 3.1-B Page 3C Limitations on Attachment 3.1-A Page 3D Limitations on Attachment 3.1-B Page 3D Limitations on Attachment 3.1-A Page 10a Limitations on Attachment 3.1-B Page 10a Attachment 4.19-B Page 6B Attachment 4.19-B Page 6B.1
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10. SUBJECT OF AMENDMENT:
Implementation of physician office and clinic visit limits for physician services to seven per Medi-Cal beneficiary per State fiscal year.

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: JUL 28 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE: