Revision:

HCFA-AT-80-38 (BPP) MAY 22, 1980

State:

California

SECTION 1

SINGLE STATE AGENCY ORGANIZATION

<u>Citation</u> 42 CFR 431.10 AT-79-29 1.1 Designation and Authority

(a) The Department of Health Care Services

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

Revision: HCFA-AT-80-38 (BPP)	
May 22, 1980	
State California	<u></u>
Citation Sec. 1902(a) of the Act l.1(b) The State agency that administered supervised the administration of plan approved under title X of the Act as of January 1, 1965, has be separately designated to administration or supervise the administration of that part of this plan which related to blind individuals.	the e en er of
Yes. The State agency so designated is	_
This agency has a separate povering that portion of the State plan under title XIX function it is responsible.	:
X Not applicable. The entire under title XIX is administed or supervised by the State agency named in paragraph 1.	ered

Approval Date_____

Effective Date____

TN ‡ Supersedes TN ‡

Revision: HCFA-AT-80-38 (BPP) May 22, 1980 State California Waivers of the single State agency Citation 1.1(c) requirement which are currently Intergovernmental Cooporation Act operative have been granted under of 1968 authority of the Intergovernmental Cooperation Act of 1968. Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements. Not applicable. Waivers are no longer in effect. /X/ Not applicable. No waivers have ever been granted.

Approval Date _____ Effective Date ____

Supersedes

IN #

Revision:	HCFA-AT-80-38 (BPP)
	May 22, 1980

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1.1(d) The agency named in paragraph
1.1(a) has responsibility for
all determinations of
eligibility for Medicaid under
this plan.

Determinations of eligibility for Medicaid under this plan are made by the agency (ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency (ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

IN #		
Supersedes	Approval Date	Effective Date

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

Citation
1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10

are met.

TN
Supersedes Approval Date Effective Date
TN