

ENCLOSURE

Revised Pages for:
CALIFORNIA MEDICAID STATE PLAN
Under Transmittal of
STATE PLAN AMENDMENT (SPA)
11-002*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	Insert Page (s)
Attachment 2.2-A, page 2 (TN# 96-015)	Attachment 2.2-A, page 2 (TN#11-002)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

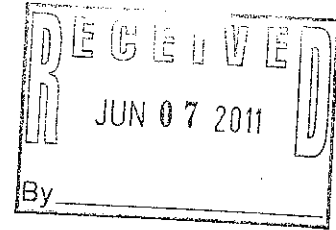
Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

'JUN 0 2 2011



Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 11-002. This SPA was submitted to my office on March 15, 2011 requesting to amend the State Plan to add language regarding the Title IV-E kinship guardianship assistance payment program.

This effective date of this SPA is January 1, 2011. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 2.2-A, page 2

If you have any questions, please contact Kristin Curran Dillon by phone at (415) 744-3579 or by email at Kristin.Dillon@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Rene Mollow, California Department of Health Care Services

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

1. TRANSMITTAL NUMBER:
11-002

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
January 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:

1902(a)(10)(A)(i) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY \$ 0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2-A, Page 2

10. SUBJECT OF AMENDMENT:

Adding language to update the information to include the new Title IV-E kinship guardianship assistance payment program.

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:

13. TYPED NAME:

Toby Douglas

14. TITLE:

Director

15. DATE SUBMITTED: MAR 15 2011

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/15/11

18. DATE APPROVED:
JUN 02 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes to Box confirmed via email on 5/27/11.

State/Territory: California

Agency*	Citation(s)	Groups Covered
	A. Mandatory Coverage – Categorically Needy – Categorically Needy and Other Required Special Groups (Continued)	
1902(a)(10)(A)(i)(I) of the Act		2. Deemed Recipients of AFDC b. c.
408(a)(11)(B) 1902(a)(10)(A)(i)(I) and 1931(c)(1) of the Act		d. An assistance unit treated under Section 1931(b)(1)(A) as receiving AFDC (as in effect July 16, 1996) for a period of four calendar months because the family would become ineligible for such assistance as a result of collection or increased collection of support.
42 CFR 435.115(e) 42 CFR 435.145 1902(a)(10)(A)(i)(I) 473(b)(1) and 473(b)(3) of the Act		e. Title IV-E Subsidized Adoption, Foster Care, or Kinship Guardianship Assistance Children. Individuals who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect or foster care maintenance or kinship guardianship assistance payments are made under title IV-E of the Act.

*Agency that determines eligibility for coverage.