



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

July 6, 2012

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Centers for Medicare and Medicaid Services  
Division of Medicaid and Children's Health  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

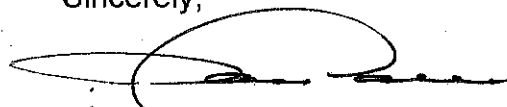
Dear Ms. Nagle:

The Department of Health Care Services is submitting the enclosed State Plan Amendment (SPA) to allow the California Department of Social Services to implement a reduction in total authorized monthly service hours for individuals who are Personal Care Services Program (PCSP) and In-Home Supportive Services Plus Option (IPO) program recipients. The reduction would be based on a determination of need under the Statewide Uniform Assessment, subject to the exemptions described in the SPA.

This proposed SPA would be effective April 1, 2013. Indian Health Programs and Urban Indian Organizations were notified in February 2012 of the State's intent to submit this SPA. To date, no comments have been received from these entities.

Please contact Mr. John Shen, Chief of the Long-Term Care Division, at (916) 440-7534 or by e-mail at [john.shen@dhcs.ca.gov](mailto:john.shen@dhcs.ca.gov), if you have any questions.

Sincerely,



*for*  
Toby Douglas  
Director

Enclosures

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

1. TRANSMITTAL NUMBER:  
SPA 12-010

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  
April 1, 2013

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:

State Statute: Welfare and Institutions Code section 12301.07

7. FEDERAL BUDGET IMPACT:

- a. SFY 12/13      - \$49,281  
b. SFY 13/14      - \$326,917

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 30, 30a and 30b  
Attachment 3.1-B, pages 29, 29a and 29b  
Supplement 5 to Attachment 3.1-A, pages 7 and 7a  
Supplement 5 to Attachment 3.1-B, pages 7 and 7a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

Twenty percent reduction in authorized hours for Personal Care Services Program and In-Home Supportive Services  
Plus Option program recipients and applicants

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:

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, MS 4506  
P.O. Box 997417  
Sacramento, CA 95899-7417

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: