

<u>SECTION</u>	<u>PAGE NUMBERS</u>
SECTION 7 - GENERAL PROVISIONS	86
7.1 Plan Amendments	86
7.2 Nondiscrimination	87
7.3 Maintenance of AFDC Effort	88
7.4 State Governor's Review	89

TN No. 92-09
Supersedes 87-08 Approval Date NOV 18 1993 Effective Date JAN 01 1993
HCFA ID: 7982E JAN 01 1993

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: California

SECTION 7 - GENERAL PROVISIONS

Citation

7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. 92-09
Supersedes _____ Approval Date NOV 18 1993 Effective Date JAN 01 1993
TN No. _____

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: California

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

TN No. 92-09

Supersedes

Approval Date NOV 18 1993

Effective Date JAN 01 1993

TN No. 92-09

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: CALIFORNIA

Citation

RESERVED

TN No. 92-09
Supersedes _____ Approval Date NOV 18 1993 Effective Date JAN 01 1993
TN No. _____

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: California

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Not applicable. The Governor--

Does not wish to review any plan material.


Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Health Services

(Designated Single State Agency)

Date: 3-19-93



(Signature)

Jose Fernandez
Deputy Director
Medical Care Services

(Title)

TN No. 92-09
Supersedes 86-05 Approval Date NOV 18 1993 Effective Date JAN 01 1993
HCFA ID: 7982E