

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER.

09-013

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2009

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 CFR 440.100

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 (\$8,240,563)

b. FFY 2011 (\$6,635,975)

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 4.19-B Supplement 3, Page 1a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B Supplement 3, Page 1a

10. SUBJECT OF AMENDMENT:

Dental Services

11 GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED: SECRETARY

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13 TYPED NAME:

Lanier M. Cansler

14. TITLE:

Secretary

15. DATE SUBMITTED:

9-29-09

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/29/09

18. DATE APPROVED:

12/14/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mary Kaye Justis, RN, MBA

22. TITLE:

Acting Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS: