

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

1. TRANSMITTAL NUMBER: **09-015** 2. STATE: **NC**

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
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 Pt. 440.7

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 **(\$8,630,145)**
b. FFY 2011 **(\$6,949,698)**

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:
**Attachment 4.19-B, Supplement 3, Page 1;
Attachment 4.19-B, Supplement 3, Page 1b;
Attachment 4.19-B, Supplement 3, Page 1c;**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B, Supplement 3, Page 1

10. SUBJECT OF AMENDMENT:
Physician Service, Independent Laboratories and Eyeglasses (Freeze/Reduction)

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:
9-30-09

16. RETURN TO:
Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

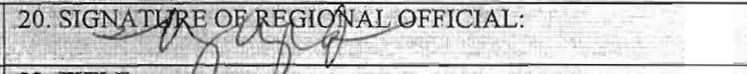
FOR REGIONAL OFFICE USE ONLY

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: