

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

1. TRANSMITTAL NUMBER: 09-017	2. STATE NC
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2009	

FROM: HEALTH CARE FINANCING ADMINISTRATION

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

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)

FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g)(1)

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 (\$24,727,244)
b. FFY 2011 (\$19,912,398)

PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 4.19-B, Supplement 1, Page 1a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Supplement 1, Page 1a

SUBJECT OF AMENDMENT:

Rehabilitation Services

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

SIGNATURE OF STATE AGENCY OFFICIAL:

TYPED NAME:
Lanier M. Cansler

TITLE:
Secretary

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

7. DATE RECEIVED: 09/29/09

18. DATE APPROVED: 02/04/10

PLAN APPROVED - ONE COPY ATTACHED

9. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

11. TYPED NAME:

Mary Kaye Justis, RN, MBA

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health Opns

13. REMARKS:

Approved with following changes as authorized by State Agency on email dated 02-05-10:

Block # 8 Attachment 4.19-B changed to read Attachment 4.19-B Supplement 1, page 1a and 3.1-A.1 pages 7c.1, 7c.2, 7c.3, 7c.3e, 7c.4, 7c.5, 7c.5a, 7c.6, 7c.7, 7c.8, 15a.1, 15a.3, 15a.3a, 15a.6 and 15a.16: **Block # 9** Attachment 4.19-B changed to read: Attachment 4.19-B Supplement 1, page 1a and 3.1-A.1 pages 7c.1, 7c.2, 7c.3, 7c.3e, 7c.4, 7c.5, 7c.5a, 7c.6, 7c.7, 7c.8, 15a.1, 15a.3, 15a.3a, 15a.6 and 15a.16: