STATE PLAN MATERIAL 11-001 SPROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One): MEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) TO: REGIONAL ADMINISTRATION AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) TO: REGIONAL ADMINISTRATION AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT SPECIAL BUDGET IMPACT: a. FFY 2011 (\$18,185,741) b. FFY 2011 (\$18,185,741) b. FFY 2012 (\$21,935,794) 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: ATTACHMENT: Attachment 4.19-A, Supplement 2, Page 1 PS 45, PS 456, PS 456 Attachment 4.19-A, Supplement 2, Page 1 Attachment 4.19-A, Supplement 2, Page 1
FOR: HEALTH CARE FINANCING ADMINISTRATION 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DATE 4. PROPOSED EFFECTIVE DATE 4. PROPOSED EFFECTIVE DATE 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES STYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 7. FEDERAL BUDGET IMPACT: a. FFY 2011 (\$18,185,741) b. FFY 2012 (\$21,935,794) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: OR ATTACHMENT (If Applicable):
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): New State Plan
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6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 7. FEDERAL BUDGET IMPACT: a. FFY 2011 (\$18,185,741) b. FFY 2012 (\$21,935,794) 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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Attachment 4.19-A, Supplement 2, Page 1, Page 8c) Attachment 4.19-A, Supplement 2, Page 1
Attachment 4.19-A, Supplement 2, Page 1, Page 801 Attachment 4.19-A, Supplement 2, Page 1
Pg 45, Pg 45e, Pg 45b
AttchmT 4.19B, PQS 2,3,4,5 Section 1
10. SUBJECT OF AMENDMENT:
Hospital Acquired Conditions (HAC), Never Events (NE) and Present on Admission (POA)
110spinal Acquired Conditions (11AC), Never Events (142) and I resent on Assumption (1 OA)
11 COURDNODED DEVERTING ALCOLO
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: 16. RETURN TO:
V Yrani M and
13. TYPED NAME: Office of the Secretary
Lanier M. Cansler Department of Health and Human Services
14. TITLE: 2001 Mail Service Center
Secretary Raleigh, North Carolina 27699-2001
15. DATE SUBMITTED:
321
FOR REGIONAL OFFICE USE ONLY
17. DATE RECEIVED: 18. DATE APPROVED: JAN 17 2012
PLAN APPROVED - ONE COPY AITACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:
JAN - I all
21. TYPED NAME: PENLIN Thompson Deputy Director CMCS
23. REMARKS:
Pen & int change made to block #8 and 9.
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Our March of product of
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