TELEBRICAL TIMENCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	ONB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	44.020	
	11-039	NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):	1, 201	
☐ 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:	7. FEDERAL BUDGET IMPACT:	
	a. FFY 2012 (\$178,712)	
42 CFR 447.201	b. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSE	DED PLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable):	
	(3.11	
Attachment 4.19-B, Supplement 1, Page 1e	Attachment 4.19-B, Supplement 1, Page	le
, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
10 CUDIECT OF AMENDMENT.		
10. SUBJECT OF AMENDMENT:		
Nurse Mid-Wives, CRNAs, and Anesthesiologist Assistant 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:	16. RETURN TO:	
Harring h. and_		
13 TYPED NAME:	Office of the Secretary	
Lanier M. Cansler	Department of Health and Human Services	
	2001 Mail Service Center	
14. TITLE:	Raleigh, North Carolina 27699-2001	
Secretary	Kaleigh, North Caronna 27099-2001	
15. DATE SUBMITTED: 2/2		
PARTECIONAL	OFFICE USE ONLY	The state of the s
17 DATE DECEMBER:	18. DATE APPROVED:	The State of the S
17. DATE RECEIVED: 08/09/11	18. DATE ATTROVED.	11/02/11
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	PICIAL SECTION AND ADDRESS OF THE PROPERTY OF
17 LITE OF LOTE OF ALL CONTROL MINISTERS.	Vaclus blad	
21. TYPED NAME:	22. TILE: Associate Regional Adminis	A STATE OF THE STA
Jackie Glaze	Division of Medicaid & Chil	
23. REMARKS:		
Approved with the following changes to item 4 as authorized by State Agency on emails dated: 09/06/11 and 10/11/11:		
Approved with the following changes to near 4 is minorized by state Agency of chans dated. 95/00/11 and 10/1/11		
Blocked #4 changed to read. November 1, 2011.		
Blocked #8 changed to read: Attachment, Section 17, pages I and 2; Attachment 4 19-B Supplement I page le		
Blocked #9 changed to read: Attachment, Section 17, pages 1 and 2; Attachment 4.19-B Supplement 1 page le		
I I AND		