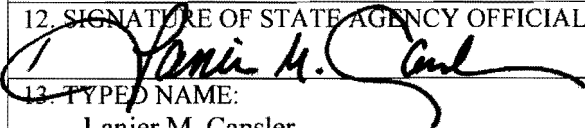
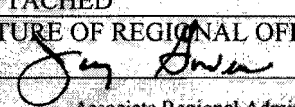


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>11- 048</b>	2. STATE  <b>NC</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  <b>October 1, 2011</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 410.074		7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$2,592,450) b. FFY 2013 (\$2,611,200)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A.1, Page 9 and Attachment 3.1-A.1, Page 9a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  N/A	
10. SUBJECT OF AMENDMENT:  Physician Assistant			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Lanier M. Cansler		17. DATE RECEIVED: 09/27/11	
14. TITLE: Secretary		18. DATE APPROVED: 12/22/11	
15. DATE SUBMITTED: 9/23/11		<b>FOR REGIONAL OFFICE USE ONLY</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/11		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:  Approved with the following changes to item 4 as authorized by State Agency on email dated 12/07/11: <u>Block #7a changed to read:</u> FFY 2012 \$0; <u>7b changed to read:</u> FFY 2013 \$0. <u>Block#8 changed to read:</u> Attachment 3.1-A.1, page 12 and Attachment 4.19-B Section 5, page 1f and Supplement 3 page 1k. <u>Block#9 changed to read:</u> Attachment 3.1-A.1, page 12 and Attachment 4.19-B Section 5, page 1f (new) and Supplement 3 page 1k (new).			