TED A NOMITETAL AND NOTICE OF ADDROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11- 048	NC
		<u> </u>
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):	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
☐ 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:	ителители)
U. I EDERAL STATUTE/ABGUEATION CITATION.	a. FFY 2012 (\$2,592,450)	
42 CFR 410.074	b. FFY 2013 (\$2,611,200)	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEL	DED BLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable):	
ATTAOLIMENT.	oteri incimiziti (ij rippiicacie).	
Attachment 3.1-A.1, Page 9 and Attachment 3.1-A.1, Page 9a	N/A	
Tittuoimiont 3.1 71.1, t ugo y una retuoimiont 3.1 71.1, 1 ugo yu	17/24	
10 OUD IDOT OF A SENIO SENIO		
10. SUBJECT OF AMENDMENT:		
Physician Assistant		
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:	
Vani 4. 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:	rationality and the second sec	
13. DATE SUBMITTED. 9123111		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
09/27/11	Part of the second seco	12/22/11
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL.
10/01/41	I'm Dwa	· Ciris
21. TYPED NAME:	22 TITLE ()	grafit - 112
Jackie Glaze	Associate Regional Admin Division of Medicaid & Children H	
23. REMARKS	Division we well all & Children in	zaiur Opiis .
Approved with the following changes to item 4 as authorized by State Agency on email dated 12/07/11:		
Block #7a changed to read: FFY 2012 \$0: 7b changed to read: FFY 2013 \$0		
DIOVENTA CHARREU TO FERD. 11 1 ZUTA DV. TO CHARREU W ITAU. 1 F1 ZUS J.W.		
Block#8 changed to read: Attachment 3.1-A.1, page 12 and Attachment 4.19-B Section 5, page 1f and Supplement 3 page 1k.		
Block#9 changed to read. Attachment 3.1-A.1; page 12 and Attachment 4.19-B Section 5, page 1f (new) and Supplement 3 page 1k (new).		