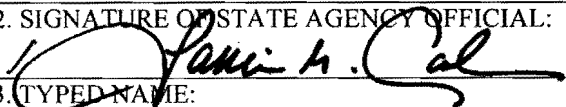
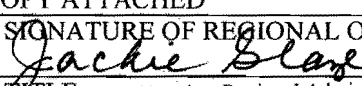


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;"><b>11- 052</b></div>	2. STATE  <div style="text-align: center;"><b>NC</b></div>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center;"><b>October 1, 2011</b></div>	
5. TYPE OF PLAN MATERIAL (Check One):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input type="checkbox"/> AMENDMENT</span> </div> <div style="text-align: center; font-size: small;">COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</div>			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.60</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$27,909 b. FFY 2013 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Page 11 Attachment 4.19-B, Section 9, Page 3; and Attachment 4.19-B, Supplement 1, Page 4</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <div style="text-align: center;">N/A</div>	
10. SUBJECT OF AMENDMENT:  <b>Freestanding Birthing Centers</b>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY         </div> </div>			
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		14. TITLE: Secretary	
15. DATE SUBMITTED: <div style="text-align: center; font-size: large;">10/24/11</div>		17. DATE RECEIVED: <div style="text-align: center;">10/28/11</div>	
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: <div style="text-align: center;">1/20/12</div>		19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">10/06/11</div>	
PLAN APPROVED -- ONE COPY ATTACHED			
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: 1-06-12  <u>Block# 4 changed to read:</u> 10/06/11.	