EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
FRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-007	NC
OR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O RECIONAL ADMENICED ATOD	4. PROPOSED EFFECTIVE DATE	
O: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2012	
TYPE OF PLAN MATERIAL (Check One):	July 1, 2012	
TTPE OF TEAM MATERIAE (Check Only)		
NEW STATE PLAN AMENDMENT TO BE	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for ed	ch amendment)
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$460,519 b. FFY 2013 \$462,141	
42 CFR 431.10 B PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable)	
Text Pages: Section 1.1(c) and Section 1, Attachment 1.1B.		
10. SUBJECT OF AMENDMENT:		
Single State Agency		
II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIEI	D: SECRETARY
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Office of the Secretary	
An Al A. Delia	Department of Health and Human Services	
4 TITLE	2001 Mail Service Center	
Secretary	Raleigh, North Carolina 27699-2001	
5. DATE SUBMITTED:	L OFFICE USE ONLY	
5. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED:	L OFFICE USE ONLY 18. DATE APPROVED: 12-	27-12
15. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12	18. DATE APPROVED: 12-	27-12
5. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12 PLAN APPROVED	18. DATE APPROVED: 12- - ONE COPY ATTACHED	
5. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12 PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL:	18. DATE APPROVED: 12- - ONE COPY ATTACHED 20. SIGNATURE OF REGIO	NAL OFFICIAL:
5. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12 PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/12	18. DATE APPROVED: 12- - ONE COPY ATTACHED 20. SIGNATURE OF REGIO	NAL OFFICIAL:
5. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12 PLAN APPROVED 9. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/12 21. TYPED NAME:	18. DATE APPROVED: 12- - ONE COPY ATTACHED 20. SIGNATURE OF REGIO 20. SIGNATURE OF REGIO 22. TITLE: Associate Region	NAL OFFICIAL:
IS. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12 PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/12 21. TYPED NAME: Jackie Glaze	18. DATE APPROVED: 12- - ONE COPY ATTACHED 20. SIGNATURE OF REGIO	NAL OFFICIAL: La Jackie Choz Il Administrator
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15. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12	18. DATE APPROVED: 12- - ONE COPY ATTACHED 20. SIGNATURE OF REGIO 22. TITLE: Associate Region Division of Medicaid & Child	NAL OFFICIAL:
15. DATE SUBMITTED: FOR REGIONA 17. DATE RECEIVED: 06/15/12 PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/12 21. TYPED NAME: Jackie Glaze 23. REMARKS: Approved with the following changes to item 8 and 9 as authorized by State Agency	18. DATE APPROVED: 12- - ONE COPY ATTACHED 20. SIGNATURE OF REGIO 22. TITLE: Associate Regions Division of Medicaid & Child y e-mail dated 11/19/12:	NAL OFFICIAL: L. Jalie Chez I Administrator ren Health Opns
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