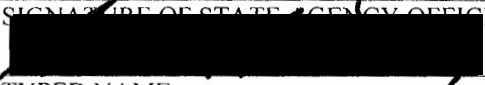


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-013	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): ☐ 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: CFR 440.167		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$8,975,848 b. FFY 2014 \$7,492,339	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 19, Attachment 3.1-A.1, Page 20, Attachment 3.1-A.1, Page 21, Attachment 3.1-A.1, Page 23, Attachment 4.19-B, Section 23, Page 6, and Attachment 4.19-B, Supplement 1, Page 1b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 19, Attachment 3.1-A.1, Page 20, Attachment 3.1-A.1, Page 21, Attachment 3.1-A.1, Page 23, Attachment 4.19-B, Section 23, Page 6, and Attachment 4.19-B, Supplement 1, Page 1b	
10. SUBJECT OF AMENDMENT: Personal Care 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: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Albert A. Delia		17. DATE RECEIVED: 07/20/12	
14. TITLE: Secretary		18. DATE APPROVED: 11/30/12	
15. DATE SUBMITTED: 7-19-2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/13		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 8 and 9 as authorized by State Agency e-mail dated 11/08/12: <u>Blocked #8 changed to read:</u> Attachment 3.1-A.1 pages 19 thru 29; Attachment 4.19-B Section 23 page 6 and Attachment 4.19-B, Supplement 1 page 1b. <u>Blocked #9 changed to read:</u> Attachment 3.1-A pages 19 thru 26; Attachment 4.19-B Section 23 page 6 and Attachment 4.19-B, Supplement 1 page 1b.	