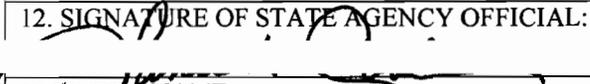
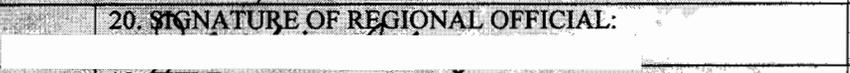


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-011	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE February 1, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	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: Sections 1902(a)(10)(E) and 1902(r)(2) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$1,008,555 b. FFY 2011 \$2,119,138	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8A to Attachment 2.6-A, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 8A to Attachment 2.6-A, Page 2	
10. SUBJECT OF AMENDMENT: Income eligibility for MQB-Q, MQB-B, MQB-E, and MWD.		
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: 3/18/10	
14. TITLE: Secretary	18. DATE APPROVED: 06/17/10	
15. DATE SUBMITTED: 3/18/2010	19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/10	
FOR REGIONAL OFFICE USE ONLY		
PLAN APPROVED - ONE COPY ATTACHED		
21. TYPED NAME: JACKIE L. GLAZE	20. SIGNATURE OF REGIONAL OFFICIAL: 	
23. REMARKS:	22. TITLE: ASSOC. REGIONAL ADMINISTRATOR	