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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 10-035 | 2. STATE NC |
| | 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 March 1, 2011 | |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g)(1) | 7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$6,694,834 b. FFY 2012 (\$12,406,211) |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, Pages 1-5; Supplement 1 to Attachment 3.1-A, Part A, Attachment 3.1-B, Page 7(a); Attachment 3.1-B, Page 7(a.1), Attachment 4.19-B, Section 2, Page 2, Page 2a, Page 2b, Page 2c, Page 2d, Page 2e and Page 2f; Attachment 4.19-B, Section 5, Page 3, Attachment 4.19-B, Section 6, Page 1; Attachment 4.19-B, Section 9, Page 1; Attachment 4.19-B, Section 17, Page 1 and Attachment 4.19-B, Section 25, Page 1. | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1-A, Pages 1-5; Supplement 1 to Attachment 3.1-A, Part A, Attachment 3.1-B, Page 7(a); Attachment 3.1-B, Page 7(a.1), Attachment 4.19-B, Section 2, Page 2, Page 2a, Page 2b, Page 2c, Page 2d, Page 2e and Page 2f; Attachment 4.19-B, Section 5, Page 3, Attachment 4.19-B, Section 6, Page 1; Attachment 4.19-B, Section 9, Page 1; Attachment 4.19-B, Section 17, Page 1 and Attachment 4.19-B, Section 25, Page 1. |
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10. SUBJECT OF AMENDMENT:

Pregnancy Medical Home

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

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i> | 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: 12/24/10 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: 12/23/10 | 18. DATE APPROVED: 03/21/11 |
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PLAN APPROVED -- ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/11 | 20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i> Associate Regional Administrator Division of Medicaid & Children's Health Opns |
| 21. TYPED NAME: Jackie Glaze | |

23. REMARKS:

Approved with the following changes to items 8 and 9 as authorized by State Agency on emails (see attached)