

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <p style="text-align: center;"><b>11-020</b></p>	2. STATE  <p style="text-align: center;"><b>NC</b></p>
	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  <p style="text-align: center;"><b>October 1, 2011</b></p>
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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:  42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$5,212,280) b. FFY 2013 \$7,262,113
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Supplement 3, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19-B, Supplement 3, Page 1a
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10. SUBJECT OF AMENDMENT:  
  
 Dental

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: Lanier M. Cansler	
14. TITLE: Secretary	
15. DATE SUBMITTED: <p style="text-align: center; font-size: 1.2em;">7/25/11</p>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 07/26/11	18. DATE APPROVED: 10/20/11
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/11	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 and 8 as authorized by State Agency on email dated 9/23/11 and 10/11/11:

Blocked #4 changed to read: November 1, 2011.

Blocked #8 changed to read: Attachment 4.19-B Supplement 3 page 1a and Attachment 4.19-B, Section 12 page 2.

Blocked #9 changed to read: Attachment 4.19-B Supplement 3 page 1a and Attachment 4.19-B, Section 12 page 2.