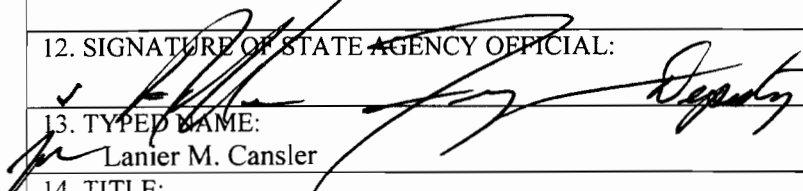


8 TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <p style="text-align: center;">09-020</p>	2. STATE <p style="text-align: center;">NC</p>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2009</p>	
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: Section 1834(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 (\$14,764,581) b. FFY 2011 (\$11,889,647)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Supplement 5, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): NA		
10. SUBJECT OF AMENDMENT: Case Management			
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: 09/29/09		
14. TITLE: Secretary	18. DATE APPROVED: 02/23/10		
15. DATE SUBMITTED: 9-29-09	FOR REGIONAL OFFICE USE ONLY		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/09	20. SIGNATURE OF REGIONAL OFFICIAL: 		
21. TYPED NAME: Jackie Glaze	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Opns		
23. REMARKS: Approved with the following changes to items 8 and 9 as authorized by State Agency on email dated 02/23/10. Block #8 Attachment 4.19-B, Supplement 5, page 1 changed to read: Supplement 1 to Attachment 3.1-A, Part A, Pages 1-5; Supplement 1 to Attachment 3.1-A, Part F, Pages 1-7; Attachment 4.19-B, Supplement 5, Page 1 and Block #9 NA changed to read: Supplement 1 to Attachment 3.1-A, Part A, Pages 1-3; Supplement 1 to Attachment 3.1-A, Part F, Pages 1-4; Supplement 1 to Attachment 3.1-A, Pages 1-3 (Part H); Attachment 4.19-B Section, 19, Pages 1-2			