

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>10-002</b>	2. STATE  <b>NC</b>
	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  <b>April 1, 2010</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <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 (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 430.130(d)	7. FEDERAL BUDGET IMPACT: a. <b>FFY 2010</b> <b>(\$236,606)</b> b. <b>FFY 2011</b> <b>(\$1,175,403)</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A.1, Page 7c.9a and Page 7c.9b</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT:  <b>Professional Treatment Services in Facility-Based Crisis Program---Children and Adolescents</b>		
11. GOVERNOR'S REVIEW (Check One): <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:  <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: <b>2/5/10</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED:  02/03/10	18. DATE APPROVED:  09/30/10	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL:  04/01/10	20. SIGNATURE OF REGIONAL OFFICIAL:  <i>[Signature]</i>	
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS:  Approved with the following changes as authorized by State Agency on email dated 09/28/10.  <b>Block # 7a Changed to read:</b> FFY 2010 (\$39,434); <b>Block 7b changed to read:</b> FFY 2011 (\$788,688); <b>Block # 8 changed to read:</b> Attachment 3.1-A-1 pages 7c.9c, 7c.9d, 7c.9e and attachment 4.19-B, Section 13 pages 5d, 5e, 5f and 5g.		