HEALTH CARE FINANCING ADMINISTRATION	111111111111111111111111111111111111111	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
STATE LEAN MATERIAL	10-010	NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	4.1 KOI OSED EITECTIVE DATE	
	7 4 4040	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010	
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:	7. FEDERAL BUDGET IMPACT:	
0. I EDERAE STATOTE/REGULATION CHATION.		
G (1000()(10)/E) 11006() C(1 A)	a. FFY 2010 \$221,133	
Sections 1902(a)(10)(E) and 1905(p) of the Act	b. FFY 2011 \$403,609	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
ATTACHMENT:	OR ATTACHMENT (If Applicable):	
Attachment 2.2-A, Page 9b, Attachment 2.2-A, Page 9b1,	Attachment 2.2-A, Page 9b and Attachment 2.2-A, Page	
	9b1	
and Attachment 2.2-A, Page 9b2 9b1		
10. SUBJECT OF AMENDMENT:		
Implement mandatory federal resource limits.		
Implement mandatory federal resource mints.		
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		
☐ NO REPLI RECEIVED WITHIN 43 DATS OF SOBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Office of the Secretary	
TELET INAINE.	Department of Health and Human Services	
Lanier M. Cansler	2001 Mail Service Center	
14. TITLE:		
Secretary	Raleigh, North Carolina 27699-2001	
15 DATE SUBMITTED:		
3[18 2010		
FOR RECIONAL	OFFICE USE ONLY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17. DATE RECEIVED: /	18. DATE APPROVED:	
17. DATE RECEIVED:		
3/19/2010	6/17/10	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE/OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:
01/01/10		
21. TYPED NAME: /	22. TITLE:	2417 250
TACKIE L. GLAZE	ASSOCIATE REGIONAL	ANMINISTRATOR
TACKIE L. GLAZE ASSOCIATE REGIONAL ADMINISTRATOR		
000 anth the following Changes authorized by the state on		
approved war of the state of th		
0 - mail taled 6/14/10.		
1 to block & and block &		
23. REMARKS: Obstroved with the following changes authorized by the State on e-mail lated 6/14/10: Odd Attachment 2.6 A, Sage 22 To block 8 and block 9.		
Cura !		
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