DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 61 Forsyth Street SW, Suite 4T20 Atlanta, Georgia 30303



May 31, 2011

Craigan Gray, MD, MBA, JD
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attn: Teresa Smith

Re: North Carolina State Plan Amendment 11-009

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan NC 11-009 that was received in the Regional Office on April 26, 2011. The amendment was submitted to prohibit Medicaid payment to institutions or entities located outside the United States as authorized under Section 6505 of Public Law 111-148, Section 1902(a)(80) of the Social Security Act.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 11-009. This SPA was approved on May 31, 2011. The effective date of this amendment is June 1, 2011. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions, please contact Elaine Elmore, at 404-562-7408.

Sincerely,

/s/

Jackie Glaze Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	11-009	NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITI	
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 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)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Gti 1002(-)(90)	a. FFY 2011 \$0	
Section 1902(a)(80)	b. FFY 2012 \$0	DED DI AN CECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
ATTACHWENT:	OR ATTACHMENT (If Applicable):	
Page 79 .Z.3		
1 age 17 .Z.S		
	*	
10. SUBJECT OF AMENDMENT:		
10. SUBJECT OF AMENDMENT.		
Medicaid Prohibition of Payments to Institutions or Entities Located Outside the United States		
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 DE STATE AGENCY OFFICIAL.	16. RETURN TO:	
	TO REPORT TO	
13. TYPED NAME "MILL"	Office of the Secretary	1
Lanier M. Cansler	Department of Health and Human Ser	vices
14. TITLE:	2001 Mail Service Center	
Secretary	Raleigh, North Carolina 27699-2001	
15. DATE SUBMITTED:		
is. Ditte septimi ind.		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
4-26-11	5-31-11	
	ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	160\SIGNATURE OF REGIONAL OFF	ICIAL:
21. TYPED NAME:		101
Jackie Gilaze	DIVISION of Medicaia and Chila	Haminister
23. REMARKS:	TUNKTON OF MEATING AND CHIE	llen's Health Opns
25. REMPIKKS.		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	North Carolina

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside the United States.

Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X The state shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside the United States.

TN. No. <u>11-009</u> Supersedes TN. No. <u>NEW</u>

Approval Date <u>05/27/11</u>

Eff. Date <u>06/01/2011</u>