

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



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July 24, 2011

Craigan Gray, M.D., M.B.A., J.D.  
Director  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 11-010

Dear Dr. Gray:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 11-010 that was received in the Regional Office on June 16, 2011. The amendment proposed to eliminate the Peer Support service from the State plan. The State advised CMS that the service had never been implemented.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 11-010. This SPA was approved on July 22, 2011. The effective date of this amendment is July 1, 2011. We are enclosing the approved form HCFA-179 and plan pages.


If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408 or Yvette Moore at (404) 562-7327.

Sincerely,

/s/

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11-010</b>	2. STATE <b>NC</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</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>July 1, 2011</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: <b>1915(g)(1)</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ <b>0</b> b. FFY 2012 \$ <b>0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 15a.7 B, Attachment 3.1-A.1, Page 15a.7 C, Attachment 3.1-A.1, Page 15a.7 D, Attachment 3.1-A.1, Page 15a.7 E, Attachment 3.1-A.1, Page 15a.7 F, Attachment 3.1-A.1, Page 15a.7 G, and Attachment 4.19-B, Section 3, Page 5h		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 15a.7 B, Attachment 3.1-A.1, Page 15a.7 C, Attachment 3.1-A.1, Page 15a.7 D, Attachment 3.1-A.1, Page 15a.7 E, Attachment 3.1-A.1, Page 15a.7 F, Attachment 3.1-A.1, Page 15a.7 G, and Attachment 4.19-B, Section 3, Page 5h	
10. SUBJECT OF AMENDMENT: <b>Peer Support</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: 		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: <b>Lanier M. Cansler</b>		14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>6/17/11</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>06/16/11</b>		18. DATE APPROVED: <b>07/22/11</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>07/01/11</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Davida Kimble</b>		22. TITLE: <b>Division of Medicaid &amp; Children's Health Opns.</b>	
23. REMARKS:			

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TN No: 11-010  
Supersedes  
TN No: 10-004

Approval Date: 07-22-11

Effective Date: 07/01/2011

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