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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 11-044 | 2. STATE NC |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE October 1, 2011 |
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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)

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|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167 | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$ 0) b. FFY 2013 (\$ 0) |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Supplement 2, Page 1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Supplement 2, Page 1 |
|---|--|

10. SUBJECT OF AMENDMENT:

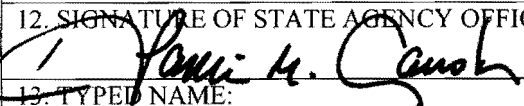
Adult Care Homes – Personal Care Services

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 OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Lanier M. Cansler


14. TITLE:
Secretary

15. DATE SUBMITTED: **8/15/11**

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

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|---|---|
| 17. DATE RECEIVED: 08/18/11 | 18. DATE APPROVED: 11/02/11 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/11 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Jackie Glaze | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns |

23. REMARKS:

Approved with the following changes to item 4 as authorized by State Agency on email dated 10/11/11:

Blocked #4 changed to read: November 1, 2011.