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**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 14-0042**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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January 13, 2017

Mr. Dave Richard  
Deputy Secretary  
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 14-0042

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0042 (Pregnant Women Program) that was submitted to CMS on September 30, 2014. This amendment originally proposed implementing a 1 percent rate reduction and rate freeze for subsequent years. After intensive collaboration with CMS, the State removed the 1 percent rate reduction and revised the SPA pages to clarify that this program will be reimbursed via the North Carolina Medicaid fee schedule in effect at a given point in time.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0042. This SPA was approved on January 13, 2017. The effective date of this amendment is January 1, 2015. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any further assistance, please contact Michelle White at (404) 562-7328, or Donald Graves at 919-828-2999.

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: 14-042	2. STATE NC
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447.201		7. FEDERAL BUDGET IMPACT:  a. FFY 2015 (\$186) b. FFY 2016 (\$248)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B Supplement 5, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19-B Supplement 5, Page 4	
10. SUBJECT OF AMENDMENT:  Pregnant Women Program			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<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: //s//		16. RETURN TO:	
13. TYPED NAME: Aldona Z. Wos, M.D.		Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
14. TITLE: Secretary			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09/30/14		18. DATE APPROVED: 01/13/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with following changes to block # 7, 8 and 9.			
Block # 7 changed to read: 7a FFY 2015 \$0, 7b FFY 2016 \$0.			
Block # 8 changed to read: Attachment 4.19-B Supplement 5, Page 4.			
Block # 9 changed to read: Attachment 4.19-B Supplement 5, Page 4.			

MEDICAL ASSISTANCE  
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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20. Extended services to pregnant women.

- a.) Pregnancy related and postpartum services through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends: and
- b.) Services for any other medical conditions that may complicate pregnancy.

The fee paid to private providers for childbirth classes was established based on the current community practice. The fee paid to providers for child birth classes is \$8.43 per hour. The maximum reimbursement per series of 10 hours per client pregnancy is \$84.30 for all providers.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of childbirth education and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the NC Division of Medical Assistance Website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

Reimbursement to public agencies determined to be in excess of cost will be recouped by means of cost settlement. The agency's fee schedule rate was set as of July 1, 2012 and is effective for services provided on or after that date.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

Payments for Medical and Remedial Care and Services

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TN No. 14-042  
Supersedes  
TN No. 13-019

Approval Date: 01/13/2017

Effective Date: 01/01/2015