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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 21-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 2, 2022

Dave Richard
Deputy Secretary, NC Medicaid
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, NC 27699-2501

Re: North Carolina State Plan Amendment (SPA) 21-0027

Dear Mr. Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0027. This amendment proposes to comply with section 209 of the Consolidated Appropriations Act of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act (the Act) and implementing regulations in section 1902(a)(87) of the Act. This letter is to inform you that North Carolina Medicaid SPA 21-0027 was approved on March 1, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Melanie Bush
Emma Sandoe
Betty Staton

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 7

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 431.53 and 1902 (a)(4) of the Social Security Act.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D, Page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-D, Page 4

9. SUBJECT OF AMENDMENT

Non-Emergency Medical Transportation (NEMT)

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Mandy Cohen, MD, MPH

13. TITLE
Secretary

14. DATE SUBMITTED
December 17, 2021

15. RETURN TO

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED
December 22, 2021

17. DATE APPROVED
March 1, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 27, 2021

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Pen and ink changes made to Box 7 and Box 8 with approval of the state on January 18, 2022 to remove Attachment 3.1-D, Pages 1-2.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Division of Health Benefits (DHB) will attest that the following requirements are met for NEMT Providers and drivers:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.
- (E) The DHB will ensure the payments are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that care and services are available.

TN No. 21-0027
Supersedes
TN No. 16-013

Approval Date: 03/01/2022

Effective Date: 12/27/2021