

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 22-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 3) Approved SPA Page

**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

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November 29, 2022

Dave Richard  
Deputy Secretary of Medical Assistance  
Division of Medical Assistance  
2501 Mail Service Center  
1985 Umstead Drive  
Raleigh, NC 27699

Re: North Carolina State Plan Amendment (SPA) 22-0025

Dear Deputy Secretary Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NC-22-0025. This amendment allows Medicaid to cover and reimburse six family planning inter-periodic visits in addition to an annual assessment and comprehensive preventive medicine exam per 365 days.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1974 of the Act. This letter is to inform you that North Carolina Medicaid SPA 22-0025 was approved on November 29, 2022, with an effective date of July 1, 2022.

Enclosed are copies of the approved CMS-179 summary page and approved SPA Page to be incorporated in the North Carolina State Plan.

If you have any questions, please contact Robert Townes at (215) 861-4716 or via email at [Robert.Townes@cms.hhs.gov](mailto:Robert.Townes@cms.hhs.gov)

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Betty J Staton, NC DHHS  
Cecilia Williams, NC DHHS  
Emma Sandoe, NC DHHS

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0</u> <u>2 5</u>	2. STATE <u>NC</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE  
**July 01, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 441.201**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 22 \$ 14,328  
b. FFY 23 \$ 58,820

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1-A, Page 9**

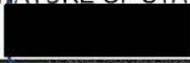
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 3.1-A, Page 9**

9. SUBJECT OF AMENDMENT  
**Family Planning Services**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: **Secretary**

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Kody H. Kinsley**

13. TITLE  
**Secretary**

14. DATE SUBMITTED  
**08/26/22 | 6:04 PM EDT**

15. RETURN TO  
**Office of the Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-20014**

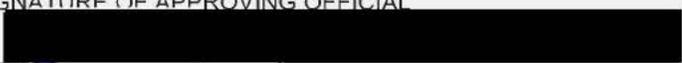
**FOR CMS USE ONLY**

16. DATE RECEIVED  
**09/06/2022**

17. DATE APPROVED  
**11/29/2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**07/01/2022**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

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

22. REMARKS

State/Territory: North Carolina

Citation

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Family Planning Benefits

1905(a)(4)(C)

**4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.**

Provided:  No limitations  With limitations

Please describe any limitations:

The State of North Carolina will cover a total of six family planning inter-periodic visits annually, not including the annual assessment and comprehensive preventive medicine exam and will cover FDA-approved family planning supplies. Under the State Eligibility Option for Family Planning Services, the State will cover the same family planning services received by all traditional Medicaid beneficiaries.

**4.c.(ii) Family planning-related services provided under the above State Eligibility Option**

Of the six inter-periodic visits allowed under the program, the State of North Carolina will cover medically necessary family planning-related services, pursuant to or in conjunction with an annual assessment or preventive medicine exam. Family planning-related services will include screening for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and screening and treatment for other sexually-transmitted infections.