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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0004-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

May 17, 2024

Dave Richard
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2001 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 23-0004-A

Dear Deputy Secretary Richard:

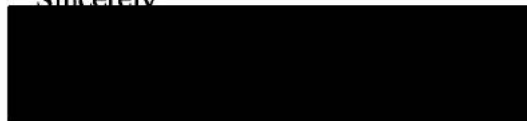
Enclosed please find a corrected approval package for your North Carolina State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0004-A. This SPA proposes allowing new providers time to obtain their accreditation through an approved accreditation organization, thereby increasing access to services; it was originally approved on April 25, 2023. The approval package sent to North Carolina included the following error:

- The approval date of April 25, 2023, was missing in the footer of the approved plan page.

The enclosed corrected package contains the original signed letter, Form CMS-179, and the corrected SPA page.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via Morlan.Lannaman@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Emma Sandoe, NC DHHS

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

April 25, 2023

Dave Richard
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2001 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 23-0004-A

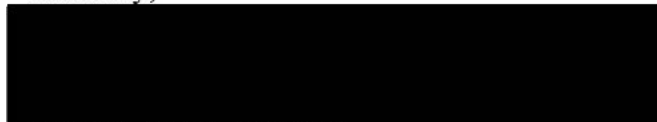
Dear Deputy Secretary Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0004-A. This amendment proposes allowing new providers time to obtain their accreditation through an approved accreditation organization thereby increasing access to services.

We conducted our review of your submittal according statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.50-57. This letter is to inform you that North Carolina's SPA TN 23-0004-A was approved on April 25, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at Morlan.Lannaman@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

2 3 — 0 0 0 4-A

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITYACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE

April 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 0
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Appendix 2 Attachment 3.1-A, Page 1

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

Appendix 2 Attachment 3.1-A, Page 1

9. SUBJECT OF AMENDMENT

Clinical Coverage Policy 8B - Inpatient Behavioral Health 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**

STATE AGENCY OFFICIAL

15. RETURN TO

Office of the Deputy Secretary
Department of Health and Human Services
2501 Mail Service Center
Raleigh, NC 27699-20014

12. TYPED NAME

Dave Richard

13. TITLE

Deputy Secretary

14. DATE SUBMITTED

March 30, 2023

FOR CMS USE ONLY

16. DATE RECEIVED

March 30, 2023

17. DATE APPROVED

April 25, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 01, 2023

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 authorized pen and ink change on 04/18/2023 for the following: Update Box 1 TN to NC-23-0004-A

Inpatient psychiatric facility services for individuals under 21 years of age.

DEFINITION: Inpatient psychiatric services for recipients under age 21 must be provided by a psychiatric facility or an inpatient program in a psychiatric facility that meets the requirements set forth in 42 CFR Section 441.151 and 42 CFR Section 483, Subpart G.

These services are provided before the recipient reaches age 21 or, if the recipient was receiving the services immediately before he or she reached age 21, before the earlier of the following:

- (a) The date he or she no longer requires the services; or
- (b) The date he or she reaches age 22.

TN No. 23-0004-A
Supersedes
TN No. 01-08

Approval Date: 4/25/2023

Effective Date 4/01/2023