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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0016

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



July 7, 2023

Jay Ludlam
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) 23-0016

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0016. This amendment proposes to temporarily extend payment methodologies for Personal Care Services (PCS), Continuous Skilled Nursing and Nitrous Oxide originally approved in Disaster Relief SPA 23-0005.

CMS conducted our review of your submittal according to the statutory requirements Title XIX of the Social Security Act and implementing regulations. This letter informs you that North Carolina's Medicaid SPA Transmittal Number 23-0016 is approved on July 7, 2023, effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.07.07
07:17:25 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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


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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 6</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 <u>May 12, 2023</u> June 30, 2023 | |
| 5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.167 Title 19 of the Social Security Act</u> | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>0</u> b. FFY <u>24</u> \$ <u>0</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Medicaid Disaster SPA template</u> | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Medicaid Disaster SPA template</u> | |

9. SUBJECT OF AMENDMENT
Disaster SPA Extension (Skilled Nursing Facilities, Personal Care Services, Nitrous Oxide)

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

| | |
|--|--|
|  AGENCY OFFICIAL | 15. RETURN TO Office of the Deputy Secretary for Medicaid Department of Health and Human Services 2501 Mail Service Center Raleigh, NC 27699-20014 |
| 12. TYPED NAME <u>Jay Ludlam</u> | |
| 13. TITLE <u>Deputy Secretary</u> | |
| 14. DATE <u>06/08/23</u> 1:48 PM EDT | |

| | |
|---|--|
| FOR CMS USE ONLY | |
| 16. DATE RECEIVED <u>June 27, 2023</u> | 17. DATE APPROVED <u>July 7, 2023</u> |

| | |
|--|---|
| PLAN APPROVED - ONE COPY ATTACHED | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL <u>May 12, 2023</u> | 19. SIGNATURE OF APPROVING OFFICIAL <u>Alissa M. Deboy -S</u> <small>Digitally signed by Alissa M. Deboy -S Date: 2023.07.07 07:17 55 -04'00'</small> |
| 20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u> | 21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services</u> |

22. REMARKS
North Carolina request Pen and Ink Change for the following:
Box 4 Strike thru June 30, 2023
Box 5 Strike thru 42 CFR 440.167 Replaced with TITLE XIX OF THE SOCIAL SECURITY ACT
Box 8 Strike thru Medicaid Disaster Template

7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until 06/30/2023 the agency temporarily extends the following election(s) of Section 7.4 (approved on 06/21/2023 in SPA Number NC-23-0005) of the State plan:

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

b. Other:

Effective March 1, 2023, through June 30, 2023, NC Medicaid is implementing a temporary rate increase of 40% for dental procedure code D9230 (Inhalation of nitrous oxide/analgesia, anxiolysis).

Increases to state plan payment methodologies:

1. The agency increases payment rates for the following services:

Effective January 1, 2023, a 5% and 10% temporary Covid-19 rate increase will be implemented for Personal Care Services (PCS) through the end of the PHE using HCBS 10% FMAP American Rescue Plan Act funds. An additional Uniform COVID-19 flat rate of \$1.00 will also be added on top of the 5% and 10% temporary Covid-19 rate increases using HCBS 10% FMAP American Rescue Plan Act funds from January 1, 2023, through June 30, 2023.

Effective January 1, 2023, through June 30, 2023, a Uniform COVID-19 rate of \$37.74 will be applied to Skilled Nursing Facility rates.

Tribal/Indian Health Service nursing facilities shall continue to be reimbursed in accordance with Attachment 4.19 D, page 24, Section .0109 of the current state plan.