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**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 23-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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



**Managed Care Group**

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November 15, 2023

Jay Ludlum, Deputy Secretary  
North Carolina Medicaid  
NC Department of Health and Human Services  
Division of Health Benefits  
1985 Umstead Drive, Kirby Building  
Raleigh, NC 27603

Re: North Carolina State Plan Amendment (SPA) 23-0031

Dear Deputy Secretary Ludlum:

The Centers for Medicare & Medicaid Services (CMS) completed review of North Carolina's State Plan Amendment (SPA) Transmittal Number 23-0031 submitted on September 6, 2023. The purpose of this SPA is to include the new adult group in Community Care of North Carolina (CCNC) primary care case management entity (PCCMe) program eligibility.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that North Carolina Medicaid SPA Transmittal Number 23-0031 is approved effective December 1, 2023.

If you have any questions regarding this amendment, please contact Sarah Abbott at (410) 786-8286 or via email at [Sarah.Abbott@cms.hhs.gov](mailto:Sarah.Abbott@cms.hhs.gov).

Sincerely,



Bill Brooks  
Director  
Division of Managed Care Operations

cc: Betty Staton, NC DHHS  
Emma Sandoe, NC DHHS  
Cynthia Garraway, CMS  
Morlan Lannaman, CMS

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 1

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 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. §435.119

Section 1932(a)(1)(A) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 0  
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F Part 1 Page 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-F Part 1 Page 7

9. SUBJECT OF AMENDMENT

CCNC PCCMe Expansion

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

DocuSigned by:

STATE AGENCY OFFICIAL

12. TYPED NAME  
Jay Ludlam

13. TITLE  
Deputy Secretary

14. DATE SUBMITTED  
08/24/23 | 4:27 PM EDT

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
9/6/23

17. DATE APPROVED  
11/15/23

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
12/1/23

19. SI

20. TYPED NAME OF APPROVING OFFICIAL  
Bill Brooks

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Managed Care Operations

22. REMARKS

State: North Carolina

2. Pregnant Women	§435.116	X			See row 1	See row 1
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118	X			See row 1	See row 1
4. Former Foster Care Youth (up to age 26)	§435.150	X			See row 1	See row 1
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL )	§435.119	X			See row 1	See row 1
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	X			See row 1	See row 1
7. Extended Medicaid Due to Spousal Support Collections	§435.115	X			See row 1	See row 1