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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0032

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

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) 23-0032

Dear Deputy Secretary Ludlum:

The Centers for Medicare & Medicaid Services (CMS) completed review of North Carolina's State Plan Amendment (SPA) Transmittal Number 23-0032 submitted on September 19, 2023. The purpose of this SPA is to include the new adult group in Eastern Band of Cherokee Indians (EBCI) Tribal Option 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 23-0032 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.

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 2

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0
b. FFY 25 \$ 0

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-F Part 2 Page 6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-F Part 2 Page 6

9. SUBJECT OF AMENDMENT

Tribal Option 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

Jay Ludlam

13. TITLE
Deputy Secretary

14. DATE SUBMITTED **09/05/23 | 10:51 AM 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
9/19/23

17. DATE APPROVED
11/15/23

PLAN APPROVED - ONE COPY ATTACHED

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

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
Bill Brooks

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

22. REMARKS

State: North Carolina

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Tribal members and other IHS eligible beneficiaries from Buncombe, Clay, Henderson, Macon, Madison and Transylvania counties may also opt-in. Tribal members and other IHS eligible beneficiaries are exempt from managed care and may request disenrollment from the Tribal Option PCCM entity at any time upon request to the Department and/or its Vendor partners.
2. Pregnant Women	§435.116		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
4. Former Foster Care Youth (up to age 26)	§435.150		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.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		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
7. Extended Medicaid Due to Spousal Support Collections	§435.115		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1