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State/Territory Name: NORTH CAROLINA

State Plan Amendment (SPA) #: NC-25-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

July 8, 2025

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

RE: TN 25-0012

Dear Deputy Secretary Ludlam,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Carolina State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to CMS on May 5, 2025. This plan amendment updates the Personal Care Services (PCS).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>1</u> <u>2</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>April 01, 2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.167</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>25</u> \$ <u>0</u> b. FFY <u>26</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Section 23, page 6</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Section 23, page 6</u>	

9. SUBJECT OF AMENDMENT
Personal Care Services (PCS)

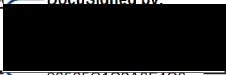
10. GOVERNOR'S REVIEW (Check One)

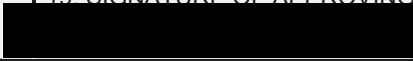
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary

11. SIGNATURE OF STATE AGENCY OFFICIAL  <small>DocuSigned by: 06565C1C2A8F4C8...</small>	15. RETURN TO Office of the Deputy Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
12. TYPED NAME Jay Ludlam	
13. TITLE Deputy Secretary	
14. DATE SUBMITTED 04/15/25 8:15 AM EDT	

FOR CMS USE ONLY	
16. DATE RECEIVED May 5, 2025	17. DATE APPROVED July 8, 2025
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL April 01, 2025	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, FMG Division of Reimbursement Review
22. REMARKS	

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

23. Any other Medical Care and any other type of remedial care recognized under State law, specified by the Secretary.

PERSONAL CARE SERVICES

Personal Care Services are reimbursed under the authority of 42 CFR 440.167 and when provided as defined in Attachment 3.1-A.1, Page 19, of this State Plan.

Effective January 1, 2021, providers subject to Electronic Visit Verification (EVV) as required by Section 12006 1903(l) of the 21st Century CURES Act, must be registered with the State's EVV solution or procure an alternative compliant EVV solution to receive reimbursement, as per PCS Clinical Coverage Policy No: 3L.

The agency's fee schedule rate of \$3.88 per 15 minutes was set as of August 1, 2017. Effective January 1, 2018 the fee schedule rate is \$3.90 per 15 minutes. Effective January 1, 2021, in adherence to EVV, payment for Personal Care Services (PCS) reimbursement shall be increased by ten percent (10%) above the rate in effect per fifteen (15) minute increment.

Effective July 1, 2023, the PCS fee schedule rate is established at \$5.96 per 15-minute increment.

Effective April 1, 2025, the fee schedule rate for PCS provided in an in-home residential setting shall be reimbursed in 15-minute increment units. PCS provided in Adult Care Homes (ACH) and congregate settings, specific to the 3L-1 Clinical Coverage Policy, shall be reimbursed on a daily per diem basis. The congregate setting rate shall be the hourly equivalent to the 15-minute increment rate in effect on April 1, 2025, over a 24-hour period, with a maximum of 130 hours per month.

Rates are published on the North Carolina Medicaid Fee Schedule site https://ncdhhs.servicenowservices.com/fee_schedules, and are effective for services provided on or after the published date.

Except as otherwise noted in the plan, the state-developed fee schedule rate is the same for both governmental and non-governmental providers of Personal Care Services.