

## **Table of Contents**

**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](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,



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  
**April 01, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.167**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 25 \$ 0  
b. FFY 26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B, Section 23, page 6**

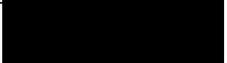
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B, Section 23, page 6**

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 DocuSigned by:  
  
06565C1C2A8F4C8...

12. TYPED NAME  
**Jay Ludlam**

13. TITLE  
**Deputy Secretary**

14. DATE SUBMITTED **04/15/25 | 8:15 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  
**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](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.

---

TN. No. 25-0012  
Supersedes  
TN. No. 23-0025

Approval Date: July 8, 2025

Eff. Date: 04/01/2025