## **Table of Contents**

**State/Territory Name: North Carolina** 

State Plan Amendment (SPA) #: NC-25-0013

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



## **Managed Care Group**

August 27, 2025

cc:

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

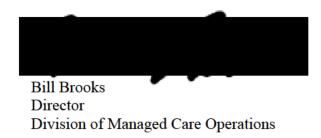
Re: North Carolina State Plan Amendment (SPA) 25-0013

## Dear Deputy Secretary Ludlum:

The Centers for Medicare & Medicaid Services (CMS) completed a review of North Carolina's 1932(a) State Plan Amendment (SPA) Transmittal Number 25-0013 submitted on June 30, 2025. The purpose of this SPA is to change the eligibility of former foster care youth (up to age 26) from mandatory to voluntary enrollment.

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 25-0013 is approved effective April 1, 2025.

If you have any questions regarding this amendment, please contact Jemirah Holland at (410) 786-0014 or via email at Jemirah.Holland@cms.hhs.gov.



Ashley Blango and Katie Horneffer, NCDHHS Nicole Gillette-Payne, CMS

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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE 2. STATE NC			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL			
	SECURITY ACT XIX			
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 01, 2025			
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 25 \$ 0			
Section 1915(g)(1)	b. FFY 26 \$ 0			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION			
Attachment 3.1-F Part 1, Page 7	OR ATTACHMENT (If Applicable)			
	Attachment 3.1-F Part 1, Page 7			
9. SUBJECT OF AMENDMENT				
CCNC Former Foster Care Youth				
10. GOVERNOR'S REVIEW (Check One)				
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Secretary			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	<b>3</b>			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
11. SIGNATURE OF STATE AGENCY OFF	15. RETURN TO			
	Office of the Deputy Secretary			
	Department of Health and Human Services			
lay Ludlam	001 Mail Service Center aleigh, NC 27699-20014			
13. TITLE	(aleigh, NC 27099-20014			
Deputy Secretary				
14. DATE SUBMITTED 06/18/25   2:02 PM EDT				
FOR CMS U	SE ONLY			
	7. DATE APPROVED			
6/30/2025 PLAN APPROVED - ON	8/27/2025			
	19. SIG FFICIAL			
4/01/2025	11011/12			
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL			
	Director - Division of Managed Care Operations, CMS			
22. REMARKS				

CMS-PM-10120······ATT	ACHMENT 3.1-F Part 1
Date: [TBD] ·····	·····Page 7
	OMB No.: 0938-0933

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 )  Transitional Medical Assistance	§435.119 1902(a)(52),	X		See row 1 See row 1	See row 1
0.	(Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(32), 1902(e)(1), 1925, and 1931(c)(2) of SSA	A		See row 1	See row 1
7.	Extended Medicaid Due to Spousal Support Collections	§435.115	X		See row 1	See row 1

TN No. <u>25-0013</u> Supersedes TN No. <u>23-0031</u>