

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

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.

A large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Director
Division of Managed Care Operations

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

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 3

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

April 01, 2025

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

Section 1915(g)(1)

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 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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 Former Foster Care Youth

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:

12. TYPED NAME

Jay Ludlam

13. TITLE

Deputy Secretary

14. DATE SUBMITTED 06/18/25 | 2:02 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

6/30/2025

17. DATE APPROVED

8/27/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

4/01/2025

19. SIG

FFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Billy D. Brooks

21. TITLE OF APPROVING OFFICIAL

Director – Division of Managed Care Operations, CMS

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