




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam 
FROM: Betty J. Staton, SPA Manager
RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2023-0036

Purpose

Attached for your review and signature is a Medicaid State Plan amendment summarized below, and submitted on September 18, 2023, with a due date of September 22, 2023.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

Please find attached a State Plan Amendment (SPA) that expands the text of the Preventive Services State Plan pages to include a clarification directed by CMS. The wording on page 6, section c will change from “Preventive services” to “Preventive services, which include adult vaccines and their administration.” The elaboration on the original language does not change anything about how the policy will be implemented.

The proposed effective date is October 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at (919) 538-3215.

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

ATTACHMENT 3.1-A
Page 6
OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

Provided: No limitations With limitations*

Not provided.

c. Preventive services which include adult vaccines and their administration.

Provided: No limitations With limitations*

Not provided.

d. Rehabilitative services.

Provided: No limitations With limitations*

Not provided.

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

Provided: No limitations With limitations*

Not provided.

b. Skilled nursing facility services.

Provided: No limitations With limitations*

Not provided.

c. Intermediate care facility services.

Provided: No limitations With limitations*

Not provided.

* Description provided on attachment. See 3.1-A.1

TN No. 23-0036
Supersedes
TN No. 86-05

Approval Date:

Eff. Date: 10/01/2023

