


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

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam 

FROM: Ashley Blango, SPA Coordinator

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2025-0008

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (**Mandatory Core Set Reporting for Adult Behavioral and Child Measures**) summarized below, and submitted on February 26, 2025 with a due date of March 3, 2025.

Clearance

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

Ashley Blango, Kathryn Horneffer, Lotta Crabtree, Adam Levinson, Melanie Bush

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.

This SPA assures that North Carolina will submit mandatory core set reporting, as required by the U.S. Secretary of Health and Human Services. This reporting includes quality measure data for certain Adult Behavioral Health measures and Child health measures. Data is for the year 2023 and includes all relevant data from managed care and fee-for-service Medicaid, as appropriate.

The proposed effective date for the SPA is January 1, 2025.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Ashley Blango at 919-812-6145.

[Records](#) / [Submission Packages - Your State](#)

NC - Submission Package - NC2025MS00020 - (NC-25-0008) - Administration

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NC2025MS00020	Submission Type	Official
Program Name	N/A	State	NC
SPA ID	NC-25-0008	Region	Atlanta, GA
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NC2025MS0002O | NC-25-0008

Package Header

Package ID	NC2025MS0002O	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: North Carolina

Medicaid Agency Name: Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NC2025MS00020 | NC-25-0008

Package Header

Package ID	NC2025MS00020	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NC-25-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	1/1/2025	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NC2025MS00020 | NC-25-0008

Package Header

Package ID	NC2025MS00020	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment assures that North Carolina will submit mandatory core set reporting, as required by the U.S. Secretary of Health and Human Services. This reporting includes quality measure data for certain Adult Behavioral Health measures and Child health measures. Data is for the year 2023 and includes all relevant data from managed care and fee-for-service Medicaid, as appropriate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 CFR 437.20

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Copy_of_Mandatory_Core_Set_Reporting_for_Adult_Behavioral_and_Child_Measures_FFY_2024_V2.xlsx	2/24/2025 10:24 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NC2025MS00020 | NC-25-0008

Package Header

Package ID	NC2025MS00020	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NC2025MS0002O | NC-25-0008

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Organization

General Administration

Reporting

Reviewable Unit Name	Included in Another Submission Package	Source Type
Reporting	(NEW

Eligibility

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NC2025MS0002O | NC-25-0008

Package Header

Package ID	NC2025MS0002O	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | NC2025MS00020 | NC-25-0008

Package Header

Package ID	NC2025MS00020	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
1/16/2025	Email of Tribal Notification

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
1/16/2025	Email of Tribal Notification

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
TRibal Response Core and Adult Set Reporting	2/4/2025 8:21 AM EST	
25-0008 EBCI Tribal Notification 1	2/4/2025 8:34 AM EST	
25-0008 EBCI 2	2/4/2025 8:34 AM EST	
25-0008 EBCI 3	2/4/2025 8:34 AM EST	
25-0008 EBCI 4	2/4/2025 8:34 AM EST	
25-0008 Unity Tribal Notification	2/4/2025 8:34 AM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Administration

General Administration

Reporting

Package Header

Package ID	NC2025MS00020	SPA ID	NC-25-0008
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	New User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 2/26/2025 8:47 AM EST