SPA Count	SPA#	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date				
Outstanding From CY 2011											
1	11-058	Intellectual/Developmental Disability (IDD) Targeted Case Management (TCM) (rate setting)	12/1/2011	To remove October 31, 2011 end date of service and to allow CDSAs to continue to be reimbursed for these services. No change in reimbursement or financial impact.	12/30/2011	12/21/2011	Pending				
		Proposed SPAs Su	l bmitted to	CMS for CY 2013							
2	13-010	Rehab. Services	8/1/2013	CMS mandated that the SPA be amended to define and provide more clarity to the optional Medicaid Rehabilitative Services.	9/30/2013	9/25/2013	Pending				
		Proposed SPAs	from the 2	014-15 Budget							
3	14-017	UNC/ECU Dental CMS Companion Letter Response	7/1/2014	To clarify and properly identify the cost identification and reconciliation process.	9/30/2014	7/2/2014	Pending				
		Proposed Medicaid Eligibili	ty & Benef	its State Plan Amendments							
		BUCKET 4									
4	14-0001-MM4-Form# A1, A2 & A3	Addresses single State agencies delegation of appeals and determinations.	1/1/2014	This SPA is about the basic Administration of the Medicaid program and the legal authority of the state to submit and administer the state plan.	12/31/2013	3/31/2014	4/1/2017				
		 Proposed State Plan Amendment enacted Pe	er North Ca	arolina General Assembly 2013 S.L. 20	14-100						
5	14-022	Modify Intensive In-Home Service	10/1/2014	No later than October 1, 2014, DMA shall modify the service definition for IH to reflect a team-to- family ratio of 1 team to 12 families for Medicaid and NC Health Choice.	12/31/2014	9/30/2014	1/12/2017				
6	14-023	Hearing Aids Service	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/12/2017				
7	14-024	Chiropractors, Podiatry and Optometry Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/12/2017				
8	14-025	Ambulatory Surgical Ctr.	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/12/2017				

SPA Count	SPA #	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
9	14-026	Optical Supplies	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/15/2017
10	14-027	Nurse Practitioner	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
11	14-028	Nurse Mid-Wife, CRNAs, & Anesthiologist	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
12	14-029	TCM-IDD	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/12/2017
13	14-030	Independent Practitioners Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/13/2017
14	14-031	Other Licensed Practitioner Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	01/192017
15	14-032	Behavioral Health Enhanced Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/13/2017
16	14-033	DME	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017

SPA Count	SPA ≉	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
17	14-034	HIT	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/13/2017
18	14-035	O & P	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
19	14-036	TCM-MH/SA	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/13/2017
20	14-037	Labs and X-Ray Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
21	14-038	Dental Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
22	14-039	Personal Care Services	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/17/2017
23	14-041	HIV Case Management	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
24	14-042	Extended Services for Pregnant Women	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/13/2017

SPA Count	SPA ≉	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
25	14-043	Dialysis	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
26	14-044	Physician Services Program	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/19/2017
27	14-045	PRTF	10/1/2014	Effective October 1, 2014, the SPA pages are being revised to clarify that programs are reimbursed via the North Carolina Medicaid fee schedules in effect at a given point in time.	12/31/2014	9/30/2014	1/18/2017
		Proposed State Plan Amendment Per	North Car	rolina General Assembly 2015 Budget			
28	15-005	Dental-ECU Cost Settlement	11/1/2015	Requires DMA to uniformly reimburse and cost settle for Medicaid dental services provided in State-operated dental schools, subject to State Plan approval.	12/31/2015	12/29/2015	Pending
		Proposed SPAs Su	bmitted to	CMS for CY 2016			
29	16-008	Head Injury and Ventilator Nursing Beds	12/1/2016	This state plan amendment implements Session Law 2015 – 241, Section 12H.18	12/31/2016	12/29/2016	3/22/2017
30	16-009	Geropsychiatric Services	12/1/2016	This state plan amendment implements Session Law 2015 – 241, Section 12H.18	12/31/2016	12/29/2016	3/22/2017
31	16-010	Swing Beds and Lower Level Beds	12/1/2016	This state plan amendment implements Session Law 2015 – 241, Section 12H.18	12/31/2016	12/29/2016	3/22/2017
32	16-011	Inpatient Hospitals	12/1/2016	This state plan amendment implements Session Law 2015 – 241, Section 12H.18	12/31/2016	12/29/2016	3/22/2017
33	16-012	Home Health	12/1/2016	This state plan amendment implements Session Law 2015 – 241, Section 12H.18	12/31/2016	12/29/2016	Pending

16-013 Medicaid - Federally Recognized Tribe 41/2017 The state plan changes include references to federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement \$1. 2014-100. Section 12.C.S. S. L. 2015-21, Section 12.C.S. S. L. 2015-24, Section 12.C.S. S. L. 20	SPA Count	SPA#	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
NCHC-16-0001-FRTR Federally Recognized Tribe 4/1/2017 The state plan changes include references to federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement S.L. 2014-100, Section 12C.3, S.L. 2015-241, Section 12C.10, and S.L. 2016-94, Section 12C.10, dl). The federally recognized tribe will assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related reimbursements.	34	16-013	Medicaid - Federally Recognized Tribe	4/1/2017	federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement S.L. 2014-100, Section 12C.3, S.L. 2015-241, Section 12C.10., and S.L. 2016-94, Section 12C.10.(d). The federally recognized tribe will assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related		12/15/2016	3/6/2017
federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement S.L. 2014-100, Section 12C.3, S.L. 2015-241, Section 12C.10., and S.L. 2016-94, Section 12C.10.(d). The federally recognized tribe will assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related reimbursements.			Proposed North Carolina Health (Choice SPA	As Submitted to CMS for CY 2016		'	
Proposed Medicaid Eligibility & Benefits State Plan Amendments Submitted to CMS for CY 2016	35		Federally Recognized Tribe	4/1/2017	The state plan changes include references to federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement S.L. 2014-100, Section 12C.3, S.L. 2015-241, Section 12C.10., and S.L. 2016-94, Section 12C.10.(d). The federally recognized tribe will assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related reimbursements.		12/15/2017	Pending

SPA Count	SPA #	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
36	16-0001-MM4	Single State Agency-Federally Recognized Tribe	4/1/2017	This SPA is about the basic Administration of the Medicaid program and the legal authority of the state to submit and administer the state plan. The state plan changes include references to federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement S.L. 2014-100, Section 12C.3, S.L. 2015-241, Section 12C.10., and S.L. 2016-94, Section 12C.10.(d). The federally recognized tribe will assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related reimbursements.	12/31/2016	12/9/2016	2/23/2017
		Proposed SPAs Su	bmitted to				
37	17-001	Inpatient Hospital (GME)	1/1/2017	This state plan amendment implements Session Law 2015-264, Section 12H.23. (a) which states no Medicaid provider may receive reimbursement for Graduate Medical Education (GME) as an add-on to their DRG Unit Value (Base) rate under the Base rate methodology as defined in the current Medicaid State Plan.	3/31/2017	Pending	Pending