



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

September 18, 2023

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2023-0036

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This State Plan Change will expand 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 of the SPA is October 01, 2023.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:
A handwritten signature in black ink that reads "Jay Ludlam".
06565C1C2A8F4C8...

Jay Ludlam
Deputy Secretary

Enclosures

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

