

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN  
GOVERNOR

DEV DUTTA SANGVAI  
SECRETARY

February 26, 2025

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 #2025-0008

Dear Mr. Scott:

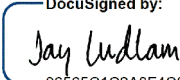
Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This state plan change 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.

Sincerely,

DocuSigned by:  
  
06565C1C2A8F4C8...

Jay Ludlam  
Deputy Secretary

Enclosures

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

# NC - Submission Package - NC2025MS0002O - (NC-25-0008) - Administration

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

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NC2025MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NC
<b>SPA ID</b>	NC-25-0008	<b>Region</b>	Atlanta, GA
<b>Version Number</b>	1	<b>Package Status</b>	Pending

# Submission - Summary

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

## Package Header

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Superseded SPA ID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

## State Information

<b>State/Territory Name:</b>	North Carolina	<b>Medicaid Agency Name:</b>	Department of Health and Human Services
------------------------------	----------------	------------------------------	---

## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

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		

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	
<a href="#">Copy_of_Mandatory_Core_Set_Reporting_for_Adult_Behavioral_and_Child_Measures_FFY_2024_V2.xlsx</a>	2/24/2025 10:24 AM EST	

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		

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 Source Submission Package	
Reporting	(	NEW

- ☐ Eligibility
- ☐ Benefits and Payments

# Submission - Public Comment

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

## Package Header

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

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	
1 - 6 of 6		

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	NC2025MS0002O	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*