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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 21-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 14, 2021

Mr. Dave Richard
Deputy Secretary, North Carolina Medicaid
Division of Health Benefits
NC Department of Health and Human Services
1985 Umstead Drive
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Re: North Carolina State Plan Amendment (SPA) 21-0019

Dear Mr. Richard:

We have reviewed the proposed North Carolina State Plan Amendment (SPA) 21-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2021. This SPA amends the Medicaid State Plan to include Mobile Crisis Management and to assign a reimbursement rate of \$90.00 per 15-minute increment.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 11, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 21-0019	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 11, 2021	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

42 CFR 447.201	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$1,341,307 b. FFY 2022 \$7,749,413
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 13, Page 17	Attachment 4.19-B, Section 13, Page 17
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10. SUBJECT OF AMENDMENT:

Mobile Crisis Management

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED: Secretary
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
13. TYPED NAME: Mandy Cohen, MD, MPH	
14. TITLE: Secretary	
15. DATE SUBMITTED: 9/28/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 28, 2021	18. DATE APPROVED: December 14, 2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 11, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
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23. REMARKS:

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

17) Mobile Crisis Management (H2011)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Mobile Crisis Management. The agency's fee schedule rate of \$90.00 per 15 minutes was set as of August 11, 2021 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.5a, Paragraph 4.b.(8), subparagraph (f) and Attachment 3.1-A.1 Page 15a.5, Paragraph 13.D., subparagraph (vi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

TN No. 21-0019

Supersedes

TN No. 14-032

Approval Date: 12/14/2021

Effective Date: 08/11/2021