

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



October 21, 2011

Craigan Gray, MD, MBA, JD
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal #11-030

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan that was submitted under transmittal number 11-030 and received in the Atlanta Regional Office on August 2, 2011.

This amendment is required due to the State administrative decision to freeze existing rates for SFY 2012 and SFY 2013 as of the rates in effect July 1, 2011 for Targeted Case Management for Children and Adults with Serious Emotional Disturbance, or Severe and Persistent Mental Illness or Substance Abuse Disorder (MH/SZ-TCM).

Based on the information provided, Medicaid State Plan Amendment 11-030 was approved on October 20, 2011. The effective date of this amendment is November 1, 2011. We are enclosing the approved form HCF A-179 and plan page.

If you have any questions or need any further assistance, please contact Yvette Moore at (404) 562-7327.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center;">11-030</div>	2. STATE <div style="text-align: center;">NC</div>
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 <div style="text-align: center;">October 1, 2011</div>	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1915(g)(1)		7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$0) b. FFY 2013 (\$0)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 19, Page 6 and Attachment 4.19-B, Supplement 5, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Section 19, Page 6	
10. SUBJECT OF AMENDMENT: MH/SA-TCM			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: <div style="text-align: center;">Lanier M. Cansler</div>		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
14. TITLE: <div style="text-align: center;">Secretary</div>		15. DATE SUBMITTED: <div style="text-align: center; font-size: 1.2em;">7/29/11</div>	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">08/02/11</div>		18. DATE APPROVED: <div style="text-align: center;">10/20/11</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">11/01/11</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">[Redacted Signature]</div>	
21. TYPED NAME: Jackie Glaze		22. TITLE: Division of Medicaid & Children Health Opns	
23. REMARKS: <div style="text-align: center;"> <p>Approved with the following changes to item 4 as authorized by State Agency on email dated 10/11/11:</p> <p>Blocked #4 changed to read: November 1, 2011.</p> </div>			

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder:

SFY 2012 – The rates for SFY2012 are frozen as of the rates in effect at July 1, 2011. There will be no further annual adjustment.

SFY 2013 – The rates for SFY2013 are frozen as of the rates in effect at July 1, 2011. There will be no further annual adjustment.

Reference: Attachment 4.19-B, Section 19, Page 6

TN No: 11-030
Supersedes
TN No: NEW

Approval Date: 10-20-11

Eff. Date: 11/01/2011

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

E. Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM) . The agency's fee schedule rate of \$81.25 was set as of July 1, 2010 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this weekly case rate shall be inflated forward by the Medicare Market Basket Index annually. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by Critical Access Behavioral Health Agencies (CABHA) (as specified in Attachment 3.1-A.1, Page 7c.1a and Attachment 3.1-A.1, Page 15a, 13.d) enrolled in Medicaid that may be either private or public.

The case rate was developed using the MR/DD historical data containing fee for service claims data for T1017 HI from July 2006 through June 2009. An actuarially determined rate range was provided to the agency and a rate within this range was selected.

This service is not cost settled for any provider.

Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19-B, Supplement 5 Page 3 section of the State Plan.