

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: NC-13-014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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DEC 05 2013

Ms. Aldona Z. Wos, M.D., Ambassador (Ret.)  
Secretary  
North Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-2001

RE: State Plan Amendment NC 13-014

Dear Dr. Wos:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-014. Effective August 1, 2013 this amendment proposes to revise the payment methodology for Psychiatric Residential Treatment Facility services. Specifically, this amendment proposes to freeze payment rates in effect as of June 30, 2013 for state fiscal years 2014 and 2015.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed changes in payment methodology comply with applicable requirements and therefore have approved them with an effective date of August 1, 2013. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Stanley Fields at (502) 223-5332.

Sincerely,

//s//

Cindy Mann  
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
13-014

2. STATE  
NC

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  
August 1, 2013

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)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.200

7. FEDERAL BUDGET IMPACT:

a. FFY 2014      \$0.00  
b. FFY 2015      \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Supplement 1, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-A, Supplement 1, Page 2

10. SUBJECT OF AMENDMENT:

PRTF

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Secretary

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//s//

13. TYPED NAME:

Aldona Z. Vos, M.D.

14. TITLE: Secretary

15. DATE SUBMITTED: 09-24-13

16. RETURN TO:

South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09-24-13

18. DATE APPROVED: 12-05-13

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08-01-13

20. SIGNATURE OF REGIONAL OFFICIAL:

//s//

21. TYPED NAME:

Cindy Mann

22. TITLE: Director

23. REMARKS:

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

Payments for Medical and Remedial Care and Services: Inpatient Hospital

Payment for Inpatient Psychiatric Facility Services for Individuals Under 21 Years of Age:

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009. Effective October 1, 2009, an overall program reduction of 4.29% was applied. There will be no further annual adjustment.

SFY 2011 – The rates for SFY 2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2012 – Effective July 1, 2011, rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.67% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

SFY 2013 – Effective July 1, 2012, the rates will be adjusted such that they will equal 98% of the rate in effect July 1, 2011. There will be no further annual adjustments this state fiscal year.

SFY 2014 – Effective August 1, 2013, the rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 – Effective July 1, 2014, rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-A: Page 44

TN. No. 13-014  
Supersedes  
TN. No. 11-015

Approval Date: DEC 05 2013

Eff. Date: 8/1/2013