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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 13-015

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 4, 2014

Dr. Robin Cummings, Director Division of Medical Assistance Department of Health and Human Services 2501 Mail Service Center Raleigh, NC 27699-2501

Re: North Carolina State Plan Amendment, 13-015

Dear Dr. Cummings:

We have reviewed the state plan amendment (SPA) 13-015 submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2013, which proposes to freeze the rates for Targeted Case Management for Adults and Children At-Risk for Abuse, Neglect, or Exploitation (ACRM) at the rate in effect on June 30, 2013, for State fiscal years 2014 and 2015.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC SPA 13-015. This SPA was approved on December 4, 2014. The effective date of this amendment is August 1, 2013. Enclosed are the HCFA Form 179 and the approved State plan page.

If you have any additional questions or need further assistance, please contact Michelle White at 404-562-7328, or Donald Graves at 919-828-2999.

Sincerely,

//s//

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

| | OMB NO. 0938-0193 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: 2. STATE |
| STATE PLAN MATERIAL | 13-015 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): | |
| | MARKET AND |
| | CONSIDERED AS NEW PLAN AMENDMENT |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME | 7. FEDERAL BUDGET IMPACT: |
| 6. FEDERAL STATUTE/REGULATION CITATION: | a. FFY 2014 \$0.00 |
| | b. FFY 2015 \$0.00 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): |
| Attachment 4.19-B, Supplement 5, Page 1 | Attachment 4.19-B, Supplement 5, Page 1 |
| 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | ☐ OTHER, AS SPECIFIED: Secretary |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Aldona Z. Wos, M.D. | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: | 16. RETURN TO: Office of the Secretary Department of Health and Human Services |
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| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Aldona Z. Wos, M.D. 14. TITLE: Secretary 15. DATE SUBMITTED: 09/24/13 | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014 L OFFICE USE ONLY |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Aldona Z. Wos, M.D. 14. TITLE: Secretary 15. DATE SUBMITTED: 09/24/13 FOR REGIONA 17. DATE RECEIVED: | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014 |
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| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Aldona Z. Wos, M.D. 14. TITLE: Secretary 15. DATE SUBMITTED: 09/24/13 FOR REGIONA 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 108/01/13 | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014 LOFFICE USE ONLY 18. DATE APPROVED: 12-04-14 ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL: //s// 22. TITLE: Associate Regional Administrator |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Aldona Z. Wos, M.D. 14. TITLE: Secretary 15. DATE SUBMITTED: 09/24/13 FOR REGIONA 17. DATE RECEIVED: 19/25/13 PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014 LOFFICE USE ONLY 18. DATE APPROVED: 12-04-14 ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL: //s// |

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 Adults and Children At-Risk For Abuse, Neglect, or Exploitation (ARCM):

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 negative rate adjustment of 9.807% was applied to Case Management rates. There will be no further annual adjustment.

SFY 2011 - As of July 1, 2010, rates will be frozen at the rates in effect on June 30, 2010.

SFY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.62% 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 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - 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-B, Section 19, Pages 2

Eff. Date: 8/01/2013

TN No: 13-015

Supersedes TN No: 11-017

Approval Date: <u>12-04-14</u>