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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 13-016

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 11, 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, 13-016

Dear Dr. Cummings:

We have reviewed the state plan amendment (SPA) 13-016 submitted to the Centers for Medicare & Medicaid Services (CMS) on September 24, 2013, which proposes to freeze the rates for Targeted Case Management for Children and Adults with Serious Emotional Disturbance, or Severe and Persistent Mental Illness or Substance Abuse Disorder 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 13-016. This SPA was approved on December 11, 2014. The effective date of this amendment is August 1, 2013. Enclosed are the HCFA Form 179 and the approved State plan pages.

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

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

1. TRANSMITTAL NUMBER:
13-016

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-B, Supplement 5, Page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Supplement 5, Page 3

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Children and Adults with Serious Emotional Disturbance, or Severe and Persistent Mental
Illness or Substance Abuse Disorder (TCM -MH/SA)

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. 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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/24/13

18. DATE APPROVED: 12/11/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/01/13

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to items 8 and 9 as authorized by State Agency e-mail dated 12/02/14.

Blocked #8 changed to read: Attachment 4.19-B Supplement 5 page 3; Attachment 4.19-B, Section 19, page 6.

Blocked #9 changed to read: Attachment 4.19-B Supplement 5 page 3; Attachment 4.19-B, Section 19, page 6.

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 per week was set as of July 1, 2010 and is effective for services provided on or after July 1, 2010 and is inflated forward by the Medicare Market Basket Index annually on July 1st. 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.

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.

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, Page 6

TN No: 13-016
Supersedes
TN No: 11-030

Approval Date: 12-11-14

Eff. Date: 8/1/2013