

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 13-017**

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 8, 2014

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

ATTENTION: TERESA SMITH

Re: North Carolina State Plan Amendment, 13-017

Dear Dr. Cummings:

We have reviewed the state plan amendment (SPA) 13-017 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 Developmental Disabilities/Delay 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 13-017. This SPA was approved on December 8, 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

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:  
13-016

2. STATE  
NC

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Supplement 5, Page 3

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$0.00

b. FFY 2015 \$0.00

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 Services Center  
Raleigh, North Carolina 27699-2001

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
09/24/13

18. DATE APPROVED: 12/08/14

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
08/01/13

20. SIGNATURE OF REGIONAL OFFICIAL:  
//s//

21. TYPED NAME:  
Jackie Glaze

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

23. REMARKS:

Block # 8 changed to read: Attachment 4.19-B Section 19, page 3; Attachment 4.19-B Supplement 5, page 2.

Block # 9 changed to read: Attachment 4.19-B Section 19, page 3; Attachment 4.19-B Supplement 5, page 2.

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

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Payments for Medical and Remedial Care and Services

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C. Targeted Case Management Services: Adults and Children Over 5 Years of Age, or On the CAP-MR/DD Waiver, With Developmental Disabilities Or Traumatic Brain Injury:

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 Services for Children and Adults with Developmental Disabilities/Delay or Traumatic Brain Injury, Manifested Prior to Age 22. The agency's fee schedule rate of \$62.26 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 1<sup>st</sup>. 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 direct enrolled Medicaid providers who 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, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 5, Page 2 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

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Payment for Targeted Case Management for Children and Adults with Developmental Disabilities/ Delay or Traumatic Brain Injury, Manifested Prior to Age 22 or Children with Special Health Care Needs

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 2.67% 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 – 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 3

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TN No: 13-017  
Supersedes  
TN No: 11-022

Approval Date: 12-08-14

Eff. Date: 8/1/2013