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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 14-0032

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

January 13, 2017

Mr. Dave Richard
Deputy Secretary
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 # NC 14-0032

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0032 (Behavioral Health) that was submitted to CMS on September 30, 2014. This amendment originally proposed implementing a 1 percent rate reduction and rate freeze for subsequent years. After intensive collaboration with CMS, the State removed the 1 percent rate reduction and revised the SPA pages to clarify that this program will be reimbursed via the North Carolina Medicaid fee schedule in effect at a given point in time.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0032. This SPA was approved on January 13, 2017. The effective date of this amendment is January 1, 2015. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any 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 & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 14-032	2. STATE NC
	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 January 1, 2015	

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 447.201	7. FEDERAL BUDGET IMPACT: a. FFY 2015 (\$15,122) b. FFY 2016 (\$20,161)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Supplement 6, Page 2, Attachment 4.19-B Supplement 6, Page 3, Attachment 4.19-B Supplement 6, Page 4, Attachment 4.19-B Supplement 6, Page 5, Attachment 4.19-B Supplement 6, Page 6, Attachment 4.19-B Supplement 6, Page 8 through Attachment 4.19-B Supplement 6, Page 24.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B Supplement 6, Page 2, Attachment 4.19-B Supplement 6, Page 3, Attachment 4.19-B Supplement 6, Page 4, Attachment 4.19-B Supplement 6, Page 5, Attachment 4.19-B Supplement 6, Page 6, Attachment 4.19-B Supplement 6, Page 8 through Attachment 4.19-B Supplement 6, Page 24.

10. SUBJECT OF AMENDMENT:

Behavioral Health Enhanced Services

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
 ☒ OTHER, AS SPECIFIED: Secretary
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
13. TYPED NAME: Aldona Z. Wos, M.D.	
14. TITLE: Secretary	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/30/14	18. DATE APPROVED: 01/13/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/15	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 block # 7, 8 and 9. Block #7 changed to read: 7a FFY 15 \$0 and 7b FFY 16 \$0. Block # 8 changed to read: Attachment 4.19-B Section 13 pages 1 -6 pages 8-28 and Attachment 4.19-B Supplement 6 pages 1-6 and pages 8-28. Block # 9 changed to read: Attachment 4.19-B Section 13 pages 1 -6 pages 8-28 and Attachment 4.19-B Supplement 6 pages 1-6 and pages 8-28.	

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

13. D. OTHER DIAGNOSTIC SCREENING PREVENTIVE AND REHABILITATIVE SERVICES

- 1). Medically Monitored or Alcohol Drug Addiction Treatment Center Detoxification/Crisis Stabilization (Adult – H2036) An individual facility rate will be determined as follows:

Reimbursement rates are determined on the basis of provider specific pro forma cost information. Providers submit cost templates and a reimbursement rate is established utilizing cost modeling. The cost model is based on agency estimates. The residential facility cost model recognizes direct care service costs for staff salaries and fringe benefits and includes qualified, associate and paraprofessionals. Other direct service costs recognized include accreditation, communications, training, and travel costs. Facility overhead costs are recognized at 11% of total direct care service costs. A calculated per diem is determined by dividing total estimated days of service provided to recipients. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.13, paragraph 13.D., subparagraph (xvii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

This service is not cost settled for any provider.

TN No: 14-032

Supersedes

TN No: 11-034

Approval Date: 01-13-17

Effective Date: 01/01/2015

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

2) Multi Systemic Therapy (H2033)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Multi Systemic Therapy. The agency's fee schedule rate of \$36.57 per 15 minutes was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.7, Paragraph 4.b.(8), subparagraph (h).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

TN No: 14-032

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

3) Ambulatory Detoxification (H0014)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulatory Detoxification. The agency's fee schedule rate of \$21.25 per 15 minutes was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9, Paragraph 4.b.(8), subparagraph (j) and Attachment 3.1-A.1 Page 15a.12, Paragraph 13.D., subparagraph (xv).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

4) Professional Treatment Services in Facility Based Crisis Programs (Adult – S9484)

Payment for Professional Treatment Services in Facility Based Crisis Programs is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.8, Paragraph 13.D., sub paragraph (ix). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Professional Treatment Services in Facility Based Crisis Programs. The agency's fee schedule rate of of \$15.93 per hour was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board.

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MEDICAL ASSISTANCE

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

5) Facility-Based Crisis Program – Children and Adolescents (S9484 HA)

Payment for Facility-Based Crisis – Children and Adolescents is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9a, Paragraph 4.b.(8), subparagraph (k). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Facility-Based Crisis Program – Children and Adolescents. The agency's fee schedule rate of \$15.93 per hour was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing Room and board for this service.

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

6) Substance Abuse Comprehensive Outpatient Treatment program (H2035)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Comprehensive Outpatient Treatment program. The agency's fee schedule rate of \$45.35 per hour was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.10, Paragraph 13.D., subparagraph (xii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

TN No: 14-032

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

8) Substance Abuse Intensive Outpatient Program (H0015)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Intensive Outpatient Program. The agency's fee schedule rate of \$131.56 per diem was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.8, Paragraph 4.b.(8), subparagraph (i) and Attachment 3.1-A.1 Page 15a.9-A, Paragraph 13.D, subparagraph (xi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

9) Substance Abuse Non-medical Community Residential Treatment (H0012HB)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Non-medical Community Residential Treatment. The agency's fee schedule rate of \$155.81 per diem was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.11, Paragraph 13.D, subparagraph (xiii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

10) Substance Abuse Medically Monitored Community Residential Treatment (H0013)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Medically Monitored Community Residential Treatment. The agency's fee schedule rate of \$241.81 per diem was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.11-A, Paragraph 13.D, subparagraph (xiv).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

11) Non Hospital Medical Detoxification (Adult – H0010)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Non Hospital Medical Detoxification. The agency's fee schedule rate of \$325.58 per diem was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.12-A, Paragraph 13.D, subparagraph (xvi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12) Partial Hospital (H0035)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Partial Hospital. The agency's fee schedule rate of \$132.32 per diem was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c. 5, Paragraph 4.b.(8), subparagraph (e) and Attachment 3.1-A.1 Page 15a.4, Paragraph 13.D., subparagraph (v).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

13) Assertive Community Treatment Team (ACTT) (Adult – H0040)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Assertive Community Treatment Team. The agency's fee schedule rate of \$295.32 per event was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.7, Paragraph 13.D., subparagraph (viii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

14) Diagnostic Assessment (T1023)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Diagnostic Assessment. The agency's fee schedule rate of \$231.30 per event was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.2, Paragraph 4.b.(8), subparagraph (b) and Attachment 3.1-A.1 Page 15a.1, Paragraph 13.D., subparagraph (ii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

15) Opioid Treatment (H0020)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Opioid Treatment. The agency's fee schedule rate of \$16.60 per event was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.9, Paragraph 13.D., subparagraph (x).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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Supersedes

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

16) Psychosocial Rehabilitation (H2017)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Psychosocial Rehabilitation. The agency's fee schedule rate of \$2.69 per 15 minute was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.3, Paragraph 13.D., subparagraph (iv).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

17) Mobile Crisis Management (H2011)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Mobile Crisis Management. The agency's fee schedule rate of \$33.68 per 15 minutes was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.5a, Paragraph 4.b.(8), subparagraph (f) and Attachment 3.1-A.1 Page 15a.5, Paragraph 13.D., subparagraph (vi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

18) Community Support Team (H2015HT)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community Support Team. The agency's fee schedule rate of \$14.50 was set as of July 1, 2010 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.6, Paragraph 13.d., subparagraph (vii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

19) Child and Adolescent Day Treatment (H2012 HA)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Child and Adolescent Day Treatment. The agency's fee schedule rate of \$31.41 was set as of October 1, 2009 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.4, Paragraph 4.b, subparagraph (d).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

20) High Risk Intervention – Level I (H0046)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level I. The agency's fee schedule rate of \$49.75 was set as of July 1, 2013 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.19 Paragraph C.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

21) High Risk Intervention – Level II Group Home (H2020)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level II Group Home. The agency's fee schedule rate of \$126.31 was set as of July 1, 2013 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.19 Paragraph C.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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22) High Risk Intervention – Level II Family Setting (S5145)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level II Family Setting. The agency's fee schedule rate of \$88.58 was set as of July 1, 2013 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.19 Paragraph C.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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23) High Risk Intervention – Level III – 4 Beds or Less (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level III – 4 Beds or Less. The agency's fee schedule rate of 232.88 was set as of July 1, 2013 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.20.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

24) High Risk Intervention – Level III – 5 Beds or More (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level III – 5 Beds or More. The agency's fee schedule rate of \$189.75 was set as of July 1, 2013 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.20.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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25) High Risk Intervention – Level IV (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level IV. The agency's fee schedule rate of \$315.71 was set as of July 1, 2013 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.20.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

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TN No: 14-032

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TN No: 11-034

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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TN No: 14-032

Supersedes

TN No: 11-034

Approval Date: 01-13-17

Effective Date: 01/01/2015

MEDICAL ASSISTANCE

State: North Carolina

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TN No: 14-032

Supersedes

TN No: 11-034

Approval Date: 01-13-17

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State: North Carolina

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TN No: 11-034

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