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State/Territory Name: NC

State Plan Amendment (SPA) #:22-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 15, 2022

Mr. Dave Richard
Deputy Secretary, North Carolina Medicaid
Division of Health Benefits
NC Department of Health and Human Services
1985 Umstead Drive
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Re: North Carolina State Plan Amendment (SPA) 22-0008

Dear Mr. Richard:

We have reviewed the proposed North Carolina State Plan Amendment (SPA) 22-0008 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2022. This state plan amendment will allow North Carolina Medicaid to increase rates for Child/Adolescent Day Treatment, Community Support Team, High-Risk Intervention, Partial Hospitalization, Peer Support Services, Psychosocial Rehabilitation, Substance Abuse Intensive Outpatient Treatment, and Substance Abuse Comprehensive Outpatient Treatment, as proposed in the HCBS Spending Plan.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 8

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §440.130(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 63,090
b. FFY 23 \$ 121,536

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Section 13, Pages 6,8,12,16,18-26

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Section 13, Pages 6,8,12,16,18-26

9. SUBJECT OF AMENDMENT

Select Rehabilitation Services

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Kody H. Kinsley

13. TITLE

Secretary

14. DATE SUBMITTED

03/29/2022

15. RETURN TO

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED

03/29/2022

17. DATE APPROVED

June 15, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

03/01/2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director

22. REMARKS

MEDICAL ASSISTANCE

State: North Carolina

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. Effective March 1, 2022, the rate increased to \$46.07 per hour for services provided on or after that date. The fee schedule is published on the Division of Health Benefits at: <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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: 22-0008

Supersedes

TN No: 14-032

Approval Date: June 15, 2022 Effective Date: 03/01/2022

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. Effective March 1, 2022, the rate increased to \$133.72 per diem for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.

TN No: 22-0008

Supersedes

TN No: 14-032

Approval Date: **June 15, 2022**

Effective Date: 03/01/2022

MEDICAL ASSISTANCE

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. Effective March 1, 2022, the rate increased to \$135.20 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.

TN No: 22-0008

Supersedes

TN No: 14-032

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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. Effective March 1, 2022, the rate increased to \$2.87 per 15-minute increments for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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

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 rate changed to \$26.45 and is effective as of March 1, 2022, for services provided on or after that date. The rate will be billed in increments of 15 minutes. The rate was derived based on required staffing direct labor and employment costs, overhead and associated program expenses. All rates are on the agency's fee schedule which is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.

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TN No: 19-0008

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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. Effective March 1, 2022, the rate increased to \$32.13 per hour for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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. Effective March 1, 2022, the rate increased to \$56.23 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.

TN No: 22-0008

Supersedes

TN No: 14-032

Approval Date: June 15, 2022 Effective Date: 03/01/2022

MEDICAL ASSISTANCE

State: North Carolina

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. Effective March 1, 2022, the rate increased to \$140.13 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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. Effective March 1, 2022, the rate increased to \$97.22 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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. Effective March 1, 2022, the rate increased to \$253.62 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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. Effective March 1, 2022, the rate increased to \$\$210.49 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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

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. Effective March 1, 2022, the rate increased to \$341.63 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at

<https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

26) Peer Support Services (H0038)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Peer Support Services. The agency's fee schedule rates of \$11.97 (individual) and \$2.88 (group) per 15-minute were set as of July 1, 2019. Effective March 1, 2022 rates have been increased to \$12.51 (individual) and \$3.02 (group) per 15-minute increments for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.2.

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.: 19-0006

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