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State/Territory Name: NC

State Plan Amendment (SPA) #: 22-0029

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 19, 2022

Dave Richard
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2501 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699

Re: North Carolina State Plan Amendment (SPA) 22-0029

Dear Deputy Secretary Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0029. This amendment describes services for Care Management for At-Risk Children (CMARC) and returns language related to CMARC.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1932(a)(1)(A) of the Social Security Act. This letter informs you that North Carolina's Medicaid SPA TN 22-0029 was approved on December 19, 2022, with an effective date of July 1, 2022.

Enclosed are copies of the approved CMS-179 summary page and approved SPA pages to be incorporated in the North Carolina State Plan.

If you have any questions, please contact Robert Townes at 215-861-4716 or via email at Robert.Townes@cms.hhs.gov

Sincerely,



Sophia Hinojosa, Acting Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Cecilia Williams, NC DHHS
Emma Sandoe, NC DHHS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 9

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

July 01, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Section 1932(a)(1)(A) of the Social Security Act (the Act).

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A, Pages 9, 9a- 9d.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Attachment 3.1-A, Pages 9, 9a- 9d.

9. SUBJECT OF AMENDMENT

Care Management for At-Risk Children (CMARC)

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
Dave Richard

13. TITLE
Deputy Secretary

14. DATE SUBMITTED
09/14/22 | 11:45 AM PDT

15. RETURN TO

Office of the Deputy Secretary
Department of Health and Human Services
NC Medicaid
Division of Health Benefits
2501 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED
9/26/2022

17. DATE APPROVED
12/19/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Sophia Hinojosa

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina
TARGETED CASE MANAGEMENT SERVICES

[Children ages zero-to-five enrolled in Medicaid who meet the identified target group]

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Target group includes:

- Children with Special Health Care Needs (CSHCN);
- Children with experience in the Infant in Neonatal intensive Care Unit (NICU);
- Children with experience of adverse childhood events including, but is not limited to:
 - Child in foster care
 - History of abuse and neglect
 - Caregiver unable to meet infant's health and safety needs/neglect.
 - Parent(s) has history of parental rights termination.
 - Parental/caregiver/ household substance abuse, neonatal exposure to substances
 - CPS Plan of Safe Care referral for "Substance Affected Infant" (Complete section "Infant Plan of Safe Care")
 - Child exposed to family/ domestic violence.
 - Unsafe where child lives/ environmental hazards or violence.
 - Incarcerated family or household member
 - Parent/guardian suffers from depression or other mental health condition, maternal postpartum depression.
 - Homeless or living in a shelter/ Unstable housing

N/A Target group includes individuals transitioning to a community setting. Case management services will be made available for up to N/A consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions.)
(State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas: [N/A]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina
TARGETED CASE MANAGEMENT SERVICES

[Children ages zero-to-five enrolled in Medicaid who meet the identified target group]

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

A comprehensive assessment will be done on all beneficiaries within 30 days of an enrollee being identified as part of the target population. Continued case management services will be determined based upon the patient's level of need as determined through ongoing assessments as needed. Reassessment will be required at least annually, upon beneficiary request, after changes in scores on level of care determination tools, after care transitions, after joining the Innovations/TBI (Traumatic Brain Injury) waiver waiting list, and/or after a significant change in health or functional status.

Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

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Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan.
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Information gathered during the assessment process will determine whether the child meets the target population description, identify needs, and will determine the frequency of monitoring to be provided. Frequency of monitoring will be adjusted to meet care plan needs and will be assessed and updated as needed.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Registered nurses and social workers with a bachelor's degree in social work (BSW, BA in SW, or BS in SW) or master's degree in social work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education (CWSE) accredited social work degree program. Program staff hired prior to Sept. 1, 2011, without a bachelor's or master's degree in social work may retain their existing position only. This grandfathered status does not transfer to any other position.

Employers shall engage Care Managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with high-risk children. This skill mix must reflect the capacity to address the needs of patients with both medically and socially complex conditions.

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TARGETED CASE MANAGEMENT SERVICES

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Employer shall ensure that Care Managers demonstrate:

- i. Proficiency with the technologies required to perform care management functions – particularly as pertains to claims data review and the care management documentation system;
- ii. Ability to effectively communicate with families and providers;
- iii. Critical thinking skills, clinical judgment and problem-solving abilities; and
- iv. Motivational interviewing skills, trauma-informed care, and knowledge of adult teaching and learning principles.

Trainings include:

- a. DHHS/health plan-sponsored webinars, new hire orientation, training sessions and continuing education opportunities as provided.
- b. The requirement to pursue ongoing continuing education opportunities to stay current in evidence-based Care Management of At-Risk children

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

[N/A] Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

State Plan under Title XIX of the Social Security Act
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Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

NC does not have any additional limitations. NC will ensure that it does not pay for duplicative care management services.