

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: NC-23-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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



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**Financial Management Group**

April 25, 2023

Jay Ludiam  
Office of the Assistant Secretary for Medicaid  
Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, NC 27699-20014

RE: NC-23-0003

Dear Assistant Secretary Ludiam,

We have reviewed the proposed North Carolina State Plan Amendment (SPA) to Attachment 4.19-B, Section 7, Pages 1 and 3, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 28, 2023. This State Plan change is to increase Home Health Services Medicaid rates by ten percent (10%) above the rate in effect.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2023. 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 Ysabel Gavino at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@cms.hhs.gov)

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 3 — 0 0 0 3

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

**February 01, 2023**

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 484**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 1,843,089

b. FFY 24 \$ 2,461,847

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B, Section 7, Pages 1 and 3.**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 4.19-B, Section 7, Pages 1 and 3.**

9. SUBJECT OF AMENDMENT

**Home Health EVV**

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. DocuSigned by:

TATE AGENCY OFFICIAL

12. TYPED NAME

Jay Ludlam

13. TITLE

Assistant Secretary for Medicaid

14. DATE SUBMITTED

02/16/23 | 2:47 PM EST

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED

02/28/2023

17. DATE APPROVED

April 25, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

02/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

MEDICAL ASSISTANCE  
State: NORTH CAROLINAPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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7. HOME HEALTH SERVICES

The rates for home health services were set as of July 1, 2012. Effective February 1, 2023 home health reimbursement shall be increased by ten percent (10%) above the rate in effect per visit and will be effective for services provided by Medicare certified home health agencies participating in the North Carolina Medicaid Program on or after that date. All rates are published on the website at <https://medicaid.ncdhhs.gov/providers/fee-schedules>.

Effective April 1, 2023, providers subject to Electronic Visit Verification (EVV) as required by Section 12006 1903(l) of the 21st Century CURES Act, must be registered with the State's EVV solution or procure an alternative compliant EVV solution to receive reimbursement, as per Home Health Clinical Coverage Policy No: 3A.

## A. REIMBURSEMENT METHODS FOR CERTIFIED HOME HEALTH AGENCIES

- (a) A maximum rate per visit is established annually for each of the following services:
- (1) Registered or Licensed Practical Nursing Visit;
  - (2) Physical Therapy Visit;
  - (3) Speech Therapy Visit;
  - (4) Occupational Therapy visit;
  - (5) Home Health Aide Visit.
- (b) The maximum rate for new services identified in Section (a) above are computed and applied as follows:

MEDICAL ASSISTANCE  
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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APPEALS

Providers may appeal maximum rates by presenting written requests and supporting data. Rates will not be adjusted retroactively. Appeals will be processed in accordance with Division procedures for Provider Reimbursement Reviews.

PAYMENT ASSURANCES

(a) The State will pay the amounts determined under this plan for each covered service furnished in accordance with the requirements of the State Medicaid Plan, provider participation agreement, and Medicaid policies and procedures. The payments made under this methodology will not exceed the upper limits as established by 42 C.F.R. 447.325.