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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0019-A

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Managed Care Group

August 3, 2023

Jay Ludlum, Deputy Secretary
North Carolina Medicaid
NC Department of Health and Human Services
Division of Health Benefits
1985 Umstead Drive, Kirby Building
Raleigh, NC 2703

Re: North Carolina State Plan Amendment (SPA) 23-0019-A

Dear Deputy Secretary Ludlum:

The Centers for Medicare & Medicaid Services (CMS) completed review of North Carolina's State Plan Amendment (SPA) Transmittal Number 23-0019-A submitted on June 30, 2023. The purpose of this SPA is to add authority for the Community Care of North Carolina (CCNC) Primary Care Case Management Entity (PCCMe) program to provide payments to fee-for-service (FFS) providers on behalf of the State, as described by 42 Code of Federal Regulations (CFR) 438.2.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that North Carolina Medicaid SPA Transmittal Number 23-0019-A is approved effective May 12, 2023.

If you have any questions regarding this amendment, please contact Sarah Abbott at 410-786-8286 or via email at Sarah.Abbott@cms.hhs.gov

Sincerely,



Bill Brooks
Director
Division of Managed Care Operations

cc: Betty Staton, NC DHHS
Emma Sandoe, NC DHHS
Morlan Lannaman, CMS

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 9-A

2. STATE

NC

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

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

4. PROPOSED EFFECTIVE DATE

May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 0
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, Part 1, Page 2.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-F, Part 1, Page 2.

9. SUBJECT OF AMENDMENT

Community Care of North Carolina (CCNC)

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 AGENCY OFFICIAL

12. TYPED NAME

Jay Ludlam

13. TITLE

Deputy Secretary

14. DATE SUBMITTED

06/20/23 | 2:20 PM EDT

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

6/30/23

17. DATE APPROVED

8/3/23

PLAN APPROVED - ONE COPY

18. EFFECTIVE DATE OF APPROVED MATERIAL

5/12/23

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Bill Brooks

21. TITLE OF APPROVING OFFICIAL

Director, Division of Managed Care Operations

22. REMARKS

State: North Carolina

Citation	Condition or Requirement
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If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:

- Provision of intensive telephonic case management
 - Provision of face-to-face case management
 - Operation of a nurse triage advice line
 - Development of enrollee care plans.
 - Execution of contracts with fee-for-service (FFS) providers in the FFS program
 - Oversight responsibilities for the activities of FFS providers in the FFS program
 - Provision of payments to FFS providers on behalf of the State.
 - Provision of enrollee outreach and education activities.
 - Operation of a customer service call center.
 - Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement.
 - Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers.
 - Coordination with behavioral health systems/providers.
 - Coordination with long-term services and supports systems/providers.
 - Other (please describe): _____
- _____
- _____

42 CFR 438.50(b)(4) C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the managed care program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan managed care program has been implemented. (*Example: public meeting, advisory groups.*) If the program will include long term services and supports (LTSS), please indicate how the views of stakeholders have been, and will continue to be, solicited and addressed during