

## **Table of Contents**

**State/Territory Name: North Carolina**

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

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

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September 15, 2023

Jay Ludlam  
Deputy Secretary of Medical Assistance  
Division of Medical Assistance  
2001 Mail Service Center  
1985 Umstead Drive  
Raleigh, NC 27699-20014

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

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number 23-0019. This amendment would expand providers who are eligible to furnish case management services for two Target Case Management Groups (TCM). (Children at risk ages 0-5 and pregnant women), by revising the provider qualifications.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that North Carolina SPA NC 23-0019 was approved on September 15, 2023, with an effective date of May 12, 2023.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at [Morlan.Lannaman@cms.hhs.gov](mailto:Morlan.Lannaman@cms.hhs.gov).



Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

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

|   |  |  |                       |
|---|--|--|-----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>  |  | 1. TRANSMITTAL NUMBER<br><u>2 3 — 0 0 1 9</u>  | 2. STATE<br><u>NC</u> |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI  |                       |
| 5. FEDERAL STATUTE/REGULATION CITATION<br><u>1905(a)(25) 1905(t) 42 CFR 440.168</u>   |  | 4. PROPOSED EFFECTIVE DATE<br><u>May 12, 2023</u>  |                       |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><u>Attachments: Supplement 1 to Attachment 3.1-A, Pages 9b and 10c;</u><br><u>Attachment 4.19-B, Section 19, Page 6</u><br><u>Attachment 4.19-B, Section 19, Page 7 (new)</u>   |  | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY <u>23</u> \$ <u>0</u><br>b. FFY <u>24</u> \$ <u>0</u>  |                       |
| 9. SUBJECT OF AMENDMENT<br><br><u>Care Management for At-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP)</u>  |  | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><br><u>Attachments: Supplement 1 to Attachment 3.1-A, Pages 9b and 10c;</u><br><u>Attachment 4.19-B, Section 19, Pages 6 and 7-Page 6</u><br><u>Attachment 4.19-B, Section 19, Page 7 (new)</u> |                       |
| 10. GOVERNOR'S REVIEW (Check One)<br><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL<br><input checked="" type="radio"/> OTHER, AS SPECIFIED: <u>Secretary</u> |  |  |                       |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL<br>   |  | 15. RETURN TO<br>Office of the Deputy Secretary for Medicaid<br>Department of Health and Human Services<br>2501 Mail Service Center<br>Raleigh, NC 27699-20014   |                       |
| 12. TYPED NAME<br><u>Jay Ludlam</u>   |  | 16. DATE RECEIVED<br><u>June 30, 2023</u>  |                       |
| 13. TITLE<br><u>Deputy Secretary</u>  |  | 17. DATE APPROVED<br><u>September 15, 2023</u>   |                       |
| 14. DATE SUBMITTED<br><u>07/27/23   3:58 PM EDT</u>   |  | <b>FOR CMS USE ONLY</b>  |                       |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br><u>May 12, 2023</u>  |  | 19. SIGNATURE OF APPROVING OFFICIAL<br>  |                       |
| 20. TYPED NAME OF APPROVING OFFICIAL<br><u>James G. Scott</u>   |  | 21. TITLE OF APPROVING OFFICIAL<br><u>Director, Division of Program Operations</u>   |                       |
| 22. REMARKS<br><br><u>State authorizes Pen and Ink change to update Blocks 7 and 8 with Attachment 4.19-B, Section 19, Page 7 (new)</u>   |  |  |                       |

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]

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)):

Staff eligible to provide this service must meet at least one of the following qualifications:

- Social worker with a Bachelor of Social Work (BSW, BA in SW, or BS in SW) or Master of Social Work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education (CSWE) accredited social work degree program.
- Registered nurse
- Bachelor's degree in a human service field with 5 or more years of care management/case management experience working with the specific population of low-income, pregnant individuals and/or children ages 0-5 years
- Bachelor's degree in a human service field with 3 or more years of care management/case management experience working with the specific population (low income, pregnant individuals and/or children ages 0-5 years) and has certification as a Case Manager (CCM preferred)

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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TN No: 23-0019

Supersedes

TN No. 22-0029

Approval Date: 09/15/2023

Effective Date: 05/12/2023

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

[Pregnant Medicaid beneficiaries ages fourteen to forty-four identified at risk for adverse birth outcomes.]

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 based on information gathered through the assessment process.

[Specify the type of monitoring and justify the frequency of monitoring.]

Information gathered during the assessment process will determine whether the individual meets the target population description, identify needs, and will determine the level of monitoring to be provided. The assessment process includes, but is not limited to, review of the following: prior assessment history, prior care management documentation, information from claims data, medical records, patient interviews, and information from prenatal care providers and referral sources. Level 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)):

Staff eligible to provide this service must meet at least one of the following qualifications:

- Social worker with a Bachelor of Social Work (BSW, BA in SW, or BS in SW) or Master of Social Work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education (CSWE) accredited social work degree program.
- Registered nurse
- Bachelor's degree in a human service field with 5 or more years of care management/case management experience working with the specific population of low-income, pregnant individuals and/or children ages 0-5 years
- Bachelor's degree in a human service field with 3 or more years of care management/case management experience working with the specific population (low income, pregnant individuals and/or children ages 0-5 years) and has certification as a Case Manager (CCM preferred)

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 will engage care managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with the pregnant population at high risk for adverse birth outcomes. This skill reflects the capacity to address the needs of patients with both medically and socially complex conditions.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

Payments for Medical and Remedial Care and Services

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E. Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM). The agency's fee schedule rate of \$81.25 per week was set as of July 1, 2010 and is effective for services provided on or after July 1, 2010. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>. This service will be provided by Critical Access Behavioral Health Agencies (CABHA) (as specified in Attachment 3.1-A.1, Page 7c.1a and Attachment 3.1-A.1, Page 15a, 13.d) enrolled in Medicaid that may be either private or public.

This service is not cost settled for any provider.

F. Targeted Case Management Services for Care Management for At-Risk Children (CMARC)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management Services for Care Management for At-Risk Children (CMARC).

The methodology used to reimburse for CMARC services are:

1. For fee-for-service enrollees, the \$4.56PMPM for CMARC is paid to LHDs through the PCCMe
2. For Tribal Option enrollees, the \$4.56PMPM for CMARC is paid to CIHA through the PCCMe.
3. For managed care enrollees, the \$4.56PMPM for CMARC is paid to LHDs through PHPs. The PMPM payments only apply to children ages 0-5

The agency's fee schedule rate was set as of May 12, 2023, and is effective for services provided on or after May 12, 2023. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided in accordance with Supplement 1 to Attachment 3.1-A, Pages 9, 9a- 9d. 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.

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TN No: 23-0019

Supersedes

TN No. 14-036

Approval Date: 09/15/2023

Effective Date: 05/12/2023

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

Payments for Medical and Remedial Care and Services

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G. Targeted Case Management Services for Care Management for High-Risk Pregnancy (CMHRP)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management Services for Care Management for High -Risk Pregnancy (CMHRP).

The methodology used to reimburse for CMHRP services are:

1. For fee-for-service enrollees, the \$4.96 PMPM for CMHRP is paid to LHDs through the PCCMe
2. For Tribal Option enrollees, the \$4.96 PMPM for CMHRP is paid to CIHA through the PCCMe.
3. For managed care enrollees, the \$4.96 PMPM for CMHRP is paid to LHDs through PHPs. The PMPM payments only apply to women of childbearing age (14-44).

The agency's fee schedule rate was set as of May 12, 2023, and is effective for services provided on or after May 12, 2023. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules->

This service will be provided in accordance with Supplement 1 to Attachment 3.1-A, Pages 10, 10a – 10f. 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.

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TN No: 23-0019  
Supersedes  
TN No. NEW

Approval Date: 09/15/2023

Effective Date: 05/12/2023