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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0033

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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

December 5, 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 27603

Re: North Carolina State Plan Amendment (SPA) 23-0033

Dear Deputy Secretary Ludlum:

The Centers for Medicare & Medicaid Services (CMS) completed review of North Carolina's State Plan Amendment (SPA) Transmittal Number 23-0033 submitted on September 29, 2023. The purpose of this SPA is to update Eastern Band of Cherokee Indians (EBCI) Tribal Option program eligibility criteria to indicate that if a Tribal Option member opts into the Tailored Care Management Health Homes benefit, the member will be disenrolled from the Tribal Option primary care case management entity program to avoid duplication of services.

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 23-0033 is approved effective July 1, 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.



Bill Brooks
Director
Division of Managed Care Operations

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

Nancy Grano, CMS
Cyndi Gillaspie, CMS
Lane Terwilliger, CMS

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 3 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
July 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 438; Section 1932(a)(1)(A) of the Social Security 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 2) Pages 12 and 13

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-F (Part 2) Pages 12 and 13

9. SUBJECT OF AMENDMENT

Tribal Option (No Tailored Care Management Duplication)

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. STATE AGENCY OFFICIAL

15. RETURN TO
Office of the Deputy Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

12. TYPED NAME
Jay Ludlam

13. TITLE
Deputy Secretary

14. DATE SUBMITTED
09/18/23 10:04 AM EDT

FOR CMS USE ONLY

16. DATE RECEIVED
9/29/23

17. DATE APPROVED
12/5/23

PLAN APPROVED - ONE COPY

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/23

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL
Bill Brooks

21. TITLE
Director, Division of Managed Care Operations

22. REMARKS

On 11/30/23, the state granted permission for CMS to make the following "pen and ink" changes to the existing 179:
a. Boxes 7 and 8: Revise "Page 12" to "Pages 12 and 13"

State: North Carolina

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance			Not applicable
Reside in Nursing Facility or ICF/IID --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program	X		
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			Not applicable
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).	X		
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.		X	
Other (Please define):		X	PCCMe Care Management and Tailored Care Management are duplicative services and a beneficiary cannot receive both services. Tribal members and other IHS eligible beneficiaries will be disenrolled from the Tribal Option if they opt into the Health Home Benefit called Tailored Care Management.

1932(a)(4)
 42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

The Department has developed a model member handbook inclusive of required managed care terminology as defined in 42 CFR 438.10(c)(4). The EBCI Tribal Option has used that model handbook to create a PCCM handbook for their enrolled beneficiaries. The Department issues informational notices upon eligibility determination or redetermination defining all managed care programs individual is available to elect. The notices include required information outlined in 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

State: North Carolina

The Department’s and their vendor’s communications with Members and Potential Members are to be provided in a culturally sensitive manner and format that may be easily understood and is readily accessible. This includes the NC Medicaid Health Plans website and Choice Guide, as well as all letters sent to Members and Potential Members (e.g., transition, enrollment, confirmation). These communications are intended to provide information on eligibility for enrollment in the PCCM program within the designated open enrollment timeframe, as well as help individuals and their families make informed choices about other programs available to them (e.g., MCOs, other PCCM). All referenced materials were reviewed by EBCI and supported.

State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

- b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.

- i. **Please indicate the length of the enrollment choice period:**
There is a 60-day choice period for initial enrollment only.
After initial enrollment, beneficiary can change enrollment at any time.