

Table of Contents

State/Territory Name: NORTH CAROLINA

State Plan Amendment (SPA) #: NC-24-0008

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

May 30, 2024

Jay Ludlam
Office of the Deputy Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

RE: TN 24-0008

Dear Deputy Secretary Ludlam,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Carolina State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to CMS on March 25, 2024. This plan amendment updates the Outpatient Behavioral Health – Psychotherapy.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. 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 via email at maria.gavino@cms.hhs.gov.

Sincerely,



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 4 — 0 0 0 8

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

January 01, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. §447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 23,526,548

b. FFY 25 \$ 30,964,188

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Section 13, Pages 14, 29 (30, 31, 32, 33, 34, 35, 36, 37, All NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Section 13, Page 14 - NC-14-032
Attachment 4.19-B Section 13, Page 29 - NC-21-0023

9. SUBJECT OF AMENDMENT

Outpatient Behavioral Health - Psychotherapy

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

Jay Ludlam

13. TITLE

Deputy Secretary

14. DATE SUBMITTED 03/13/24 | 7:31 PM EDT

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
March 25, 2024

17. DATE APPROVED
May 30, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

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

The State of NC authorizes CMS for the following pen and ink changes -
Box # 8: Page Number of the Superseded Plan Section or Attachment: adding
the superseded SPA as reference, please see changes in red
Attachment 4.19-B Section 13, Page 14 - NC-14-032 - MYLG 5/17/24
Attachment 4.19-B Section 13, Page 29 - NC-21-0023 - MYLG 5/17/24

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

14) Diagnostic Assessment (T1023)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Diagnostic Assessment. The agency's fee schedule rate of \$231.30 per event was set as of July 1, 2012 and is effective for services provided on or after that date.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is published on the Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.2, Paragraph 4.b.(8), subparagraph (b).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

30) Research-Based Intensive Behavioral Health Treatment (RBI-BHT) (97151-97157)

The agency's fee schedule rates are effective for services provided on or after the effective date of July 1, 2017.

Effective January 1, 2024, the agency's published fee schedule rates are effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of RBI-BHT services.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008
Supersedes
TN No.: 21-0023

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

31) Interactive Complexity Add-on (90785)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Interactive Complexity.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

32) Psychotherapy (90832-90838)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Psychotherapy.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

33) Brief Interventions - Tobacco Cessation (99406-99407)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Brief Interventions - Tobacco Cessation.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

34) Brief Interventions - SBIRT (99408-99409)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Brief Interventions - SBIRT.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

35) Family/Group Therapy (90846-90853)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Family/Group Therapy.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

36) Electroconvulsive Therapy (90870)

The agency's Psychiatry Behavioral Health Physicians Services fee schedule rates were set on January 1, 2024, based on 100% of the 2023 Medicare rate, and are effective for services provided on or after that date. The Psychiatry Behavioral Health Physicians Services fee schedule is published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Electroconvulsive Therapy.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

37) Therapeutic, Prophylactic or Diagnostic Injection (96372)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Therapeutic, Prophylactic or Diagnostic Injection.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

38) Developmental/Psychological Testing and Evaluation (96110-96146)

The agency's fee schedule rate was set on January 1, 2024, based on 120% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at https://ncdhhs.servicenowservices.com/fee_schedules.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Developmental/Psychological Testing and Evaluation.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

TN No.: 24-0008

Supersedes

TN No.: NEW

Approval Date: May 30, 2024

Effective Date: 01/01/2024