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State/Territory Name: NORTH CAROLINA

State Plan Amendment (SPA) #: NC-24-0031

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

October 23, 2024

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

RE: TN 24-0031

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 August 28, 2024. This plan amendment updates the per member per month health management fees for the Carolina ACCESS and Advanced Medical Home (AMH) Program.

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 July 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,

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 4 — 0 0 3 1

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, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. §438.208, 1905(t)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 667,245
b. FFY 25 \$ 2,641,146

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Section 5, Page 1b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Section 5, Page 1b

9. SUBJECT OF AMENDMENT

Carolina ACCESS and Advanced Medical Home (AMH) programs

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED: Secretary



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL DocuSigned by:



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 08/13/24 | 6:15 AM EDT

FOR CMS USE ONLY

16. DATE RECEIVED
Aug 28, 2024

17. DATE APPROVED
October 23, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 01, 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 authorizes CMS for a pen and ink change for the following field:
Box 5. FEDERAL STATUTE/REGULATION CITATION - add 1905(t), MYLG 10/9/2024

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

Medical Home Fee for Carolina ACCESS and Advanced Medical Home (AMH) Program

This program will be administered under Physician Services and will be provided by Medicaid primary care providers (PCPs) who are enrolled in the Carolina ACCESS/AMH program.

Under Authority of 4.19-B, Section 5 page 1, DHB shall set forth medical home fees to providers enrolled in the Carolina ACCESS/AMH program.

Effective January 1, 2022, all Carolina ACCESS/AMH tier 1, 2, and 3 practices will receive a per member per month (PMPM) payment to support medical home functions for all members of not-partial benefit eligibility groups, who are eligible for all state plan services and assigned to that practice:

Effective July 1, 2024, the Medical Home Rates for this program will be as follows:

- For non-Cherokee Indian Hospital Authority (CIHA) practices:
 - For all non-Aged, Blind, and Disabled enrolled beneficiaries not eligible for Tailored Care Management (North Carolina's Health Home benefit, see SPA, NC-22-0024): \$2.50 PMPM
 - For all Aged, Blind, and Disabled enrolled beneficiaries not eligible for Tailored Care Management: \$5.00 PMPM
 - For all Tailored Care Management-eligible beneficiaries, regardless of Aged, Blind, and Disabled status: \$5.00 PMPM
- For Cherokee Indian Hospital Authority (CIHA) practices: \$61.65 PMPM

TN. No: 24-0031
Supersedes
TN. No: 23-0039

Approval Date: October 23, 2024 Effective Date: 07/01/2024