## North Carolina Medicaid Special Bulletin

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**June 2014** 

## Attention: At- Risk Case Management Providers

## Administrative Reimbursement for At-Risk Case Management Services (ARCM) will move to Medicaid Administrative Claiming (MAC)

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At-Risk Case Management Services (ARCM) will terminate on June 30, 2014. **Effective July 1, 2014**, ARCM providers are allowed to use a set of allowable activities known as Medicaid Administrative Claiming (MAC). MAC supplements case management practices to arrange medical and behavioral health services to N.C. Medicaid and North Carolina Health Choice (NCHC) eligible adults and children.

Activities eligible to be claimed under MAC include:

- 1. Referral, coordination and monitoring of medical services
- 2. Arranging transportation services for client to access Medicaid services
- 3. Outreach for Medicaid services
- 4. Facilitating an application for the Medicaid program;
- 5. Arranging translation services for clients to access Medicaid services
- 6. Training activities related to the Medicaid program; and
- 7. Program planning, policy development, and interagency coordination related to medical services

## Eligible providers under MAC are the 100 County Departments of Social Services (DSSs).

The activities that the DSSs will claim include:

- 1. Referral, coordination and monitoring of medical services
- 2. Arranging transportation services for client to access Medicaid services
- 3. Outreach for Medicaid services
- 4. Facilitating an application for the Medicaid program

The N.C. Division of Aging and Adult Services (DAAS) and the N.C. Division of Social Services (CDSS) will jointly administer and monitor the execution of MAC for adults and children claimed by the DSSs.

MAC introductory training webinars will be conducted by DAAS and DSS. All case management and applicable CDSS department staff are encouraged to attend this training. Registration is online at <a href="https://www.ncswlearn.org">www.ncswlearn.org</a>. Additional information can be found online at <a href="https://www.ncdhhs.gov/aging/">www.ncdhhs.gov/aging/</a> and <a href="https://www.ncdhhs.gov/dss/">www.ncdhhs.gov/dss/</a>.

The move to MAC is in accordance with mandates from the NC General Assembly in SL 2009-451, Section 10.68A, the 2009 Appropriations Act, and repeated verbatim again in 2010, SL 2010-31, Section 10.35, to consolidate case management services. MAC authorizes federal grants to states for a proportion of expenditures for medical assistance under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan.

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

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