



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

March 18, 2022

SIGNATURE REQUEST MEMORANDUM

TO: Kody H. Kinsley, Secretary

THROUGH: Dave Richard, Deputy Secretary

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2022- 0008

DS
DR

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on March 18, 2022, with a due date of March 28, 2022.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Betty Staton, Emma Sandoe, Lotta Crabtree, Adam Levinson and Dave Richard.

Background and Summary of Request

It is recommended that you sign the State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The State Plan Amendment (SPA) requests authority for the following change to the NC Medicaid State Plan.

- The SPA allows Medicaid to increase rates for Child/Adolescent Day Treatment, Community Support Team, High-Risk Intervention, Partial Hospitalization, Peer Support Services, Psychosocial Rehabilitation, Substance Abuse Intensive Outpatient Treatment, and Substance Abuse Comprehensive Outpatient Treatment, as proposed in the HCBS Spending Plan.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-538-3215.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • OFFICE OF THE SECRETARY

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MEDICAL ASSISTANCE

State: North CarolinaPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

6) Substance Abuse Comprehensive Outpatient Treatment program (H2035)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Comprehensive Outpatient Treatment program. The agency's fee schedule rate of \$45.35 per hour was set as of July 1, 2012. Effective March 1, 2022, the rate increased to \$46.07 per hour for services provided on or after that date. The fee schedule is published on the Division of Health Benefits at: <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.10, Paragraph 13.D., subparagraph (xii).

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

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Supersedes

TN No: 14-032

Approval Date:

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MEDICAL ASSISTANCE

State: North CarolinaPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

8) Substance Abuse Intensive Outpatient Program (H0015)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Intensive Outpatient Program. The agency's fee schedule rate of \$131.56 per diem was set as of July 1, 2012. Effective March 1, 2022, the rate increased to \$133.72 per diem for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.8, Paragraph 4.b.(8), subparagraph (i) and Attachment 3.1-A.1 Page 15a.9-A, Paragraph 13.D, subparagraph (xi).

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

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MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12) Partial Hospital (H0035)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Partial Hospital. The agency's fee schedule rate of \$132.32 per diem was set as of July 1, 2012. Effective March 1, 2022, the rate increased to \$135.20 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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. 5, Paragraph 4.b.(8), subparagraph (e) and Attachment 3.1-A.1 Page 15a.4, Paragraph 13.D., subparagraph (v).

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

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16) Psychosocial Rehabilitation (H2017)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Psychosocial Rehabilitation. The agency's fee schedule rate of \$2.69 per 15 minute was set as of July 1, 2012. Effective March 1, 2022, the rate increased to \$2.87 per 15-minute increments for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.3, Paragraph 13.D., subparagraph (iv).

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

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18) Community Support Team (H2015HT)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community Support Team. The rate changed to \$26.45 and is effective as of March 1, 2022, for services provided on or after that date. The rate will be billed in increments of 15 minutes. The rate was derived based on required staffing direct labor and employment costs, overhead and associated program expenses. All rates are on the agency's fee schedule which is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.6, Paragraph 13.d., subparagraph (vii).

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

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

19) Child and Adolescent Day Treatment (H2012 HA)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Child and Adolescent Day Treatment. The agency's fee schedule rate of \$31.41 was set as of October 1, 2009. Effective March 1, 2022, the rate increased to \$32.13 per hour for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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.4, Paragraph 4.b, subparagraph (d).

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

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

20) High Risk Intervention – Level I (H0046)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level I. The agency's fee schedule rate of \$49.75 was set as of July 1, 2013. Effective March 1, 2022, the rate increased to \$56.23 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at

<https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.19 Paragraph C.

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21) High Risk Intervention – Level II Group Home (H2020)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level II Group Home. The agency's fee schedule rate of \$126.31 was set as of July 1, 2013. Effective March 1, 2022, the rate increased to \$140.13 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.19 Paragraph C.

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22) High Risk Intervention – Level II Family Setting (S5145)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level II Family Setting. The agency's fee schedule rate of \$88.58 was set as of July 1, 2013. Effective March 1, 2022, the rate increased to \$97.22 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits at

<https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.19 Paragraph C.

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23) High Risk Intervention – Level III – 4 Beds or Less (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level III – 4 Beds or Less. The agency's fee schedule rate of 232.88 was set as of July 1, 2013. Effective March 1, 2022, the rate increased to \$253.62 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.20.

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

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

24) High Risk Intervention – Level III – 5 Beds or More (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level III – 5 Beds or More. The agency's fee schedule rate of \$189.75 was set as of July 1, 2013. Effective March 1, 2022, the rate increased to \$210.49 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.20.

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25) High Risk Intervention – Level IV (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level IV. The agency's fee schedule rate of \$315.71 was set as of July 1, 2013. Effective March 1, 2022, the rate increased to \$341.63 for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at

<https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.20.

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26) Peer Support Services (H0038)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Peer Support Services. The agency's fee schedule rates of \$11.97 (individual) and \$2.88 (group) per 15-minute were set as of July 1, 2019. Effective March 1, 2022 rates have been increased to \$12.51 (individual) and \$3.02 (group) per 15-minute increments for services provided on or after that date. The fee schedule is published on the Division of Health Benefits website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/enhanced-mental-health-services-fee-schedule>.

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 15a.2.

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

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