




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam ^{DS}

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2023-0034

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, CCNC (No Tailored Care Management Duplication) summarized below, and submitted on September 15, 2023, with a due date of September 18, 2023.

Clearance

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

Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

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

Please find attached a State Plan Amendment (SPA) that includes language for Tailored Care Management to state that populations will be disenrolled if they are eligible for the Health Home Benefit called Tailored Care Management.

The proposed effective date is July 01, 2023.

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

State: North Carolina

Citation Condition or Requirement

- X The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met.
- X The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met.
- X The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.

1932(a)(1)(A)
 1932(a)(2)

E. Populations and Geographic Area.

1. Included Populations. Please check which eligibility groups are included, if they are enrolled on a Mandatory (M) or Voluntary (V) basis (as defined in 42 CFR 438.54(b)) or Excluded (E), and the geographic scope of enrollment. Under the Geographic Area column, please indicate whether the nature of the population’s enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the Geographic Area column. Under the Notes column, please note any additional relevant details about the population or enrollment.

Populations will be disenrolled if they are eligible for the Health Home Benefit called Tailored Care Management

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)

1. Family/Adult

Eligibility Group	Citation (Regulation [42CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110	X			Statewide	Population would be mandatory unless otherwise enrolled in MCO or TribalOption PCCMe