




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 

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2024-0003

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Community Support Team) summarized below, and submitted on March 11, 2024, with a due date of March 14, 2024.

Clearance

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

Betty J. Staton, 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 amends the Medicaid State Plan to apply an inflationary rate increase defined by the Division of Health Benefits and supported by the North Carolina General Assembly appropriated funds in the Current Operations Appropriations Act of 2023 (SL 2023-134) House Bill 259 to the following Assertive Community Treatment services:

Community Support Team (H2015)

The proposed effective date is January 1, 2024.

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

NC MEDICAID

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

18) Community Support Team (H2015 HT)

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.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rate is effective for services provided on or after that date. All Enhanced Mental Health Service rates are 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 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.

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: 24-0003

Supersedes

TN No: 22-0008

Approval Date:

Effective Date: 01/01/2024