




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 #2024-0010

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Peer Support Services) summarized below, and submitted on March 12, 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 applies inflationary rate increases 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 service:

- Peer Support Services (H0038)

The proposed effective date of the SPA is January 01, 2024.

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

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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 and is effective for services provided on or after that date.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is 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.2.

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: 24-0010

Supersedes

TN No: 22-0008

Approval Date:

Effective Date: 01/01/2024