

Division of Medical Assistance  
Proposed State Plan Amendments List

SPA Count	SPA #	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
<b>Proposed SPAs Submitted to CMS for CY 2013</b>							
1	13-010	Rehab. Services	8/1/2013	CMS mandated that the SPA be amended to define and provide more clarity to the optional Medicaid Rehabilitative Services.	9/30/2013	9/25/2013	9/6/2017
<b>Proposed SPAs Submitted to CMS from the 2014-15 Budget</b>							
2	14-017	UNC/ECU Dental CMS Companion Letter Response	7/1/2014	To clarify and properly identify the cost identification and reconciliation process.	9/30/2014	7/2/2014	9/8/2017
<b>Proposed SPAs Submitted from North Carolina General Assembly 2015 Budget</b>							
3	15-005	Dental-ECU Cost Settlement	11/1/2015	Requires DMA to uniformly reimburse and cost settle for Medicaid dental services provided in State-operated dental schools, subject to State Plan approval.	12/31/2015	12/29/2015	Pending
<b>Proposed SPAs for CY 2017</b>							
4	17-004	Physician Drug Program (PDP)	4/1/2017	This state plan revises the reimbursement methodology for physician administered vaccines to Wholesale Acquisition Cost (WAC) plus 3% and will unfreeze the rates for physician administered contraceptives to reimburse at WAC plus 6%.	6/30/2017	5/22/2017	9/7/2017
5	17-0006	Autism Spectrum Disorder (ASD)	7/1/2017	This change will allow Medicaid to reimburse for Research-Based Intensive-Behavioral Health Treatment (RBI-BHT) based on CMS approval of coverage for Autism Spectrum Disorder (ASD) under Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Adaptive Behavior Treatment (ABT) procedure codes for this new service cover individuals under 21 years old.	9/30/2017	Pending Submission to CMS	Pending
6	17-0007	Upper Payment Limit-Inpatient Hospital	7/7/2017	This state plan revises the methodology for calculating the Upper Payment Limit for inpatient hospitals. Total Uncompensated Care Payments on Exhibit 1, Step 1, Item 1d will be relocated to Step 1, Item 3. This will move the Total Uncompensated Care from Portions of Medicare payments for most recent year subject to Case Mix Index (Step 1) to the Medicare Payments not subject to case mix index (Step 3).	9/29/2017	Pending Submission to CMS	Pending

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7	17-0008	Blood Glucose Testing Equipment Supplies	1/1/2018	This state plan revises the reimbursement a state Plan amendment for Durable Medical Equipment – Blood Glucose Testing Equipment & Supplies. This State Plan increases the SMAC rate for Blood Glucose Testing Equipment and Supplies.	12/29/2017	9/20/2017	Pending
8	17-0009	Personal Care Services (PCS)	8/1/2017	This state plan increase the rate for Personal Care Services to \$3.88 effective August 1, 2017 and \$3.90 effective January 1, 2018.	9/29/2017	9/20/2017	Pending
9	17-0010	Diagnosis Related Groups (DRG)	10/1/2017	This state plan revises the reimbursement methodology inpatient hospital to add eleven Diagnosis Related Groups (DRGs) to the rate setting methodology for inpatient hospitals.	12/29/2017	Pending Submission to CMS	Pending
10	17-0011	Long Term Care Acute Hospital (LTCAH)	10/1/2017	This state plan revises the reimbursement methodology for Long Term Acute Care Hospitals per diem rate for rehabilitation services to be established at a minimum of 65% of the actual cost derived from their most recent filed cost report.	12/29/2017	Pending Submission to CMS	Pending
11	17-0012	Solid Organ Transplant	8/1/2017	This state plan change will remove the prior approval requirement from Ventricular Assist Devices (VAD) and from live and cadaver donor kidney transplants.	9/29/2017	Pending Submission to CMS	Pending