

Division of Health Benefits (NC Medicaid)
PROPOSED STATE PLAN AMENDMENTS (SPAs) and WAIVERS LIST

SPA COUNT	SPA #	NAME	EFFECTIVE DATE	DESCRIPTION	CMS DEADLINE	RECEIVED AT CMS	APPROVED DATE
1	23-0011	HIT	6/1/2023	The SPA is being revised to add permanent addition of two temporary categories added as temporary COVID flexibilities to the Home Infusion Services Policy 3H-1. Hydration and Immunotherapy.	6/30/2023	Pending	Pending
2	23-0015	Medically Monitored Inpat Withdrawal Services (8A-11)	7/1/2023	The purpose of this SPA is to update Non-Hospital Medical Detoxification to Medically Monitored Inpatient Withdrawal Services to align with The ASAM Criteria.	9/30/2023	Pending	Pending
3	23-0014	Clinically Managed Residential Withdrawal Services (8A-10)	7/1/2023	The purpose of this SPA is to add Clinically Managed Residential Withdrawal services to the State Plan and be a service covered by Medicaid.	9/30/2023	Pending	Pending
4	Not Assigned	(ICF-IID) Rates Increase		The SPA will increase rates for (ICF/IIDs), including ICF/IID-level group homes, enrolled in the Medicaid or NC Health Choice program. This rate increase will be implemented as intended by the General Assembly to assist in increasing the hourly wages of direct care workers in this State towards a minimum of fifteen dollars (\$15.00) per hour.	Pending	Pending	Pending
5	22-0026	1915 (i) option	12/1/2022	NC Medicaid uses 1915(b)(3) authority to cover a set of home and community-based services (HCBS) provided by LME/MCOs to Medicaid beneficiaries with significant behavioral health needs, I/DDs, and TBI. With the managed care transition to a Section 1115 demonstration, NC Medicaid will no longer be able to use the 1915(b)(3) authority to cover these HCBS. As a result, NC Medicaid is requesting CMS approval for the implementation of 1915 (i) option services.	12/31/2022	10/24/2022	Pending
6	22-0024	Tailored Care Management - Health Home	12/1/2022	This State Plan Amendment authorizes North Carolina's Health Home benefit, called Tailored Care Management. The Health Home benefit will be available to NC Medicaid beneficiaries with a significant behavioral health condition (including both mental health and severe substance use disorders), intellectual/developmental disability (I/DD), or traumatic brain injury (TBI).	12/31/2022	9/16/2022	Pending
7	Not Assigned	<u>Ambulatory W/drawal Mgmt w/o Onsite Monitoring 1WM (8A-7)</u>	4/1/2023	NC was approved and has elected to implement the 1115 SUD Waiver that includes policy revisions and per 42 CFR 447.201, the Ambulatory Detoxification SPA is being revised to reflect the 2013 American Society of Addiction Medicine (ASAM) language.	6/30/2023	Pending	Pending
8	Not Assigned	<u>Amb Wdrawl Mgmt w Extended Onsite 2WM(8A-8)</u>	4/1/2023	NC was approved and has elected to implement the 1115 SUD Waiver that includes new policy development and per 42 CFR 447.201 Ambulatory Withdrawal Management With Onsite Monitoring is being added to the State Plan. Proposed SPA will add Ambulatory Withdrawal Management with Onsite Monitoring as a Medicaid service.	6/30/2023	Pending	Pending
9	23-0002	ED Bed Holds	3/1/2023	The purpose of this SPA is to reimburse Hospitals licensed by the State of North Carolina, except as otherwise noted in the state plan, for outpatient hospital behavioral health services provided to Medicaid beneficiaries awaiting hospital discharge to a more appropriate setting in accordance with Medicaid Clinical Coverage Policy The state-developed fee schedule for Emergency Department Bed Hold rates is the same for both governmental and private providers of BH services to beneficiaries awaiting hospital discharge.	3/31/2023	2/27/2023	Pending
12	23-0005	COVID PCS and SNF rates Disaster	7/1/2021	The purpose of this State Plan Amendment (SPA) is to implement COVID PCS and SNF rates effective 1/1/2023.	N/A	4/3/2023	Pending
13	23-0006	Opioid Treatment Program	4/1/2023	This SPA will allow Medicaid to reimburse for Opioid Treatment Program services provided to individuals with an Opioid Use Disorder.	6/30/2023	3/10/2023	Pending
14	23-0007	Former Foster Care	1/1/2023	This State Plan change proposes to require states to cover former foster care youth, who aged out of foster care in any state, up to age 26. Additionally, Former Foster Care eligibility group is a mandatory group described in the Act and in 42 CFR 435.150 that generally covers individuals under age 26 who were in foster care when they aged out at age 18 or such higher age as the state, territory, or tribe within the state (up to 21) has elected.	6/30/2023	3/29/2023	Pending
15	Not Assigned	CHIP Health Service Initiatives	7/1/2023	The purpose of this State Plan Amendment (SPA) is to implement two Health Service Initiatives (HSI) that will create a Breastfeeding Hotline to provide support to all North Carolina families, and a Substance Use and Parenting Intervention Health Service Initiative, to address the social and health challenges that are associated with families and addiction.	9/30/2023	Pending	Pending
16	23-0013	Physician Telephonic	5/12/2023	The purpose of this SPA is to maintain coverage of Telehealth audio-only codes 99441, 99442 and 99443 after the end of the COVID-19 Public Health Emergency (PHE).	6/30/2023	5/30/2023	Pending
17	23-0008/23-0010	CHIP Move to Medicaid	4/1/2023	This State Plan Amendment (SPA) describes the move of North Carolina Health Choice (SCHIP) to Medicaid (MCHIP). It describes how Medicaid services will be expanded solely for children under SL 2022-74, House Bill 103.	6/30/2023	4/5/2023	Pending
18	23-0009	<u>Medicaid Expansion of CHIP Kids</u>	4/1/2023	Per NC Session Law 2021 HB 747, NCDHHS will merge the NC Health Choice Children's Health Insurance Program with the North Carolina Medicaid Program. There will no longer be a separate CHIP program. NC is expanding the M-CHIP for all children 0 to under age 19, whose income exceeds 133% and is equal to or less than 211% of the federal poverty level, who are otherwise eligible, will be covered under the M-CHIP category and receive the full scope of Medicaid covered services. These children will not be subject to copays, cost sharing or enrollment fees.	6/30/2023	5/2/2023	Pending

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19	23-0019	<u>CMARC/CHMRP</u>	5/12/2023	The purpose of this SPA is to extend Care Management for At-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP) authorities in fee-for-service and managed care. Additionally, this SPA change will expand provider qualifications for the CMARC and CMHRP programs. The anticipated impact on IHS includes continued access to CMARC and CMHRP services, as well as the ability to grow the labor pool and reduce care manager workloads while increasing access to care for Members eligible for services.	6/30/2023	Pending	Pending
20	Not Assigned	Clinically Managed Population Specific High Intensity (8D-4)	7/1/2023	This is a new SPA for Clinically Managed Population Specific High Intensity, The American Society of Addiction Medicine (ASAM) Level 3.3. This service is a part of the 1115 Substance Use Disorder Demonstration Waiver. Clinically Managed Population Specific High Intensity is an organized service delivered by trained and experienced medical and nursing professionals, clinical, and professional staff to support beneficiaries with both substance use disorder (SUD) and traumatic brain injury (TBI). This service provides 24-hour care in a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional and cognitive limitations of a beneficiary to support recovery from substance use disorders.	9/30/2023	Pending	Pending
CURRENT WAIVERS SUBMISSION PENDING							
		1915(b) Waiver	7/1/2023	This is to add that (b) waiver operates concurrently with the 1915(i) SPA option effective 7/1/23. The 1915(b)(3) Services projection has been maintained as it is anticipated that there will be a transitional period where 1915(b)(3) services may be utilized as the necessary. This also adds Tailored Care Management (per the Health Home SPA). The State is updating the waiver cost projections from July 1, 2023 forward to account for new impactful program changes that were implemented as a result of state plan amendments to add 1915(i) services and the Health Home SPA for Tailored Care Management as well as a change to the reimbursement model for opioid treatment services. These adjustments have been incorporated prospectively for 7/1/23.		5/4/2023	Pending
		Innovations/TBI Waivers	7/1/2023	NC Medicaid submitted technical amendments to our Innovations waiver, TBI waiver, and our 1915(b) Managed Care waiver for Tailored Plan launch, and to add in the (i) services. Everything that was going to be done at once will now be done in three parts. Our April 1st amendment to the Innovations waiver is only dealing with the addition of slots into the Innovations waiver for the (b)(3)Medicaid services folks who are getting the Innovations waiver look alike services. Our 1915(b) waiver is being amended to include those folks that are coming in from Health Choice into Medicaid as well as the 0-3 population, legal immigrants into the LME-MCO, and the TBI waiver to extend to the counties of Orange and Mecklenburg for the pilot and to remove the (b)(3) Innovations waiver look alike services.		5/26/2023	Pending