

NC Medicaid Medical Care Advisory Committee (MCAC)
State Plans & Amendments

SPA COUNT	SPA #	NAME	EFFECTIVE DATE	DESCRIPTION	CMS DEADLINE	RECEIVED AT CMS	APPROVED DATE
1	23-0021	Rural Health Clinic (RHC)	7/1/2023	The purpose of this State Plan Amendment is to revise the RHC reimbursement methodology to include (a) a cost based Prospective Payment System (PPS) Alternate Payment Methodology (APM) which is rebased triennially beginning with 2021 cost reports and utilizing 113% of allowable costs (b) adopts a inflation factor which is the greater of the FQHC Market Basket or the CPI Medical index, and (c) allows transition to a real time wrap payment process with Managed Care encounters.	9/30/2023	9/29/2023	3/28/2024
2	23-0022	Federally Qualified Health Center (FQHC)	7/1/2023	The purpose of this State Plan Amendment is to revise the FQHC reimbursement methodology to include (a) a cost based Prospective Payment System (PPS) Alternate Payment Methodology (APM) which is rebased triennially beginning with 2021 cost reports and utilizing 113% of allowable costs (b) adopts a inflation factor which is the greater of the FQHC Market Basket or the CPI Medical index, and (c) allows transition to a real time wrap payment process with Managed Care encounters.	9/30/2023	9/29/2023	3/28/2024
3	23-0037	Home Health Services	10/12/2023	The purpose of this State Plan Amendment is to align with 42 CFR 440.70 after the Public Health Emergency. Home health services are	12/30/2023	12/28/2023	Pending

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				provided by Medicare Certified Home Health Agencies under a plan of care authorized in accordance with 42 CFR 440.70.			
4	23-0039	Enhanced Medical Home Payments	10/1/2023	The purpose of the State Plan Amendment is to revise the per member per month management fees for Carolina ACCESS/AMH tier 1, 2, and 3 practices with assigned Tailored Care Management-eligible beneficiaries. For primary care providers with assigned Tailored Care Management eligible beneficiaries, the payments will revert to \$2.50 for non-Aged, Blind and Disabled/\$5.00 for Aged, Blind and Disabled beneficiaries and no longer provide the \$20 payment regardless of Age, Blind and Disabled status.	12/30/2023	12/5/2023	4/9/2024
5	23-0044	PDN-EPSDT	10/1/2023	The SPA is for adding of Early Periodic Screening, Diagnostic and Treatment (EPSDT) language to the Private Duty Nursing (PDN) page of the SPA. Pursuant to section 1905(r)(5) of the Social Security Act. The addition of the EPSDT language to the PDN page of the SPA clarifies that the 112 Hours per week limit of PDN services for children under the age 21.	12/30/2023	11/28/2023	Pending
7	24-0012	PADP Rate Revision	1/1/2024	This amendment removes language that set PADP reimbursement prices in 2015 and allows for rates to be updated quarterly.	3/29/2024	1/30/2024	3/28/2024
9	23-0047	Hospital Presumptive	12/1/2023	The purpose of this State Plan Amendment is to include the adult	12/30/2023	12/28/2023	Pending

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		Eligibility (HPE)		expansion group in the Hospital Presumptive eligibility determination who meet the following criteria: 19- to 64-years-old , Not pregnant, Not eligible for Medicare Part A or B, Not eligible for Medicaid under other mandatory eligibility groups, Have a household income at or below 133% of the federal poverty level.			
10	24-0001	Assertive Community Treatment	1/1/2024	The purpose of this SPA is to amend 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: Assertive Community Treatment (H0040)	3/28/2024	3/25/2024	4/26/2024
11	24-0004	Crisis Services	1/1/2024	The purpose of this SPA is to amend the Medicaid State Plan to apply rate increases 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 Crisis Services: Inflationary Increase	Mobile Crisis Management (H2011)	Facility-Based Crisis - Adults (S9484)	24-0004
12	24-0005	Intensive In-Home Services	1/1/2024	The purpose of this SPA is to amend the Medicaid State Plan to apply an inflationary rate increase defined by the Division of Health Benefits and	3/28/2024	3/25/2024	4/30/2024

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				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 Intensive In-Home Services: Intensive In-Home Services (H2022)			
13	24-0006	Multi-Systemic Therapy	1/1/2024	The purpose of this SPA is to amend 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 Multi-Systemic Therapy services: The purpose of this SPA is to amend the Medicaid State Plan to apply rate increases 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 Outpatient Behavioral Health psychiatry services: Increase to 100% of Medicare Office visit E&M codes - Psychiatrists and Psychiatric NPs (99201-99255, 99304-99337, 99341-99350) Increase to 120% of Medicare	3/28/2024	3/25/2024	4/30/2024

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				Psychiatric Diagnostic Evaluation (90791-90792)			
14	24-0007	Outpatient Behavioral Health - Psychiatry	1/1/2024	The purpose of this SPA is to amend the Medicaid State Plan to apply rate increases 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 Outpatient Behavioral Health psychiatry services: Increase to 100% of Medicare Office visit E&M codes - Psychiatrists and Psychiatric NPs (99201-99255, 99304-99337, 99341-99350) Increase to 120% of Medicare Psychiatric Diagnostic Evaluation (90791-90792)	3/28/2024	3/25/2024	4/30/2024
15	24-0008	Outpatient Behavioral Health - Psychotherapy	1/1/2024	The purpose of this SPA is to amend the Medicaid State Plan to apply rate increases 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 Outpatient Behavioral Health psychotherapy services: Increase to 100% of Medicare /Interactive Complexity Add-on (90785) /Psychotherapy (90832-90838) /Brief	3/28/2024	3/25/2024	5/30/2024

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				Interventions - Tobacco Cessation (99406-99407) /Brief Interventions - SBIRT (99408-99409) /Family/Group Therapy (90846-90853) /Electroconvulsive Therapy (90870)/ Therapeutic, prophylactic or diagnostic injection (96372) Increase to 120% of Medicare - Developmental/Psychological Testing and Evaluation (96110-96146) /Inflationary Increase -Diagnostic Assessment (T1023) /RBI-BHT (97151-97157)			
16	24-0009	Partial Hospitalization/Day Treatment	1/1/2024	The purpose of this SPA is to amend 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 Partial Hospitalization/Day Treatment services: •Partial Hospitalization (H0035) •Child and Adolescent Day Treatment (H2012)	3/28/2024	3/25/2024	5/30/2024
17	24-0010	Peer Support	1/1/2024	The purpose of this SPA is to amend 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	Peer Support Services (H0038)"	3/28/2024	3/25/2024

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				Peer Support services: Peer Support Services (H0038)			
18	24-0011	Psychosocial Rehabilitation	1/1/2024	The purpose of this SPA is to amend 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 Psychosocial Rehabilitation services: Psychosocial Rehabilitation Services (H2017)	3/28/2024	3/25/2024	4/25/2024
19	24-0012	Physician Administered Drug Program (PADP) Rate Revision	1/1/2024	The purpose of this SPA is to removes language that set PADP reimbursement prices in 2015 and allows for rates to be updated quarterly.	3/28/2024	1/30/2024	3/28/2024
20	24-0013	Single State Agency-FFM Determination	1/1/2024	This state plan change will delegate authority to the Federal Marketplace to determine eligibility for individuals whose eligibility is determined following MAGI budgeting methodology. This SPA change will also delegate appeal authority for FFM determinations.	3/28/2024	2/28/2024	Pending
21	24-0014	Health Home (Tailored Care Management)	2/1/2024	The state seeks to amend the Health Home SPA previously reviewed in July 2022 and March 2023 to incorporate the following updates: Temporary increase to the monthly payment rate. North Carolina will temporarily increase the payment rate from \$269.66 to (1) \$343.97 starting on February 1, 2024,	3/28/2024	3/27/2024	4/30/2024

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				through June 30, 2024, and (2) \$294.86 starting on July 1, 2024, through June 30, 2025. Temporary increase to the add-on payment for members enrolled in the Innovations or TBI waivers and obtaining 1915(i) services. North Carolina will temporarily increase the add-on payment from \$78.94 to \$79.73 starting on February 1, 2024, through June 30, 2025. The temporary rate increases reflect the level of effort required by providers, based on available data on provider time and effort to date, to implement the Tailored Care Management model. North Carolina is not making any other changes to the payment methodology.			
22	24-0015	Third-Party Liability (TPL) Payers Rules	1/1/2024	The purpose of this SPA is to ensure that third-party payers do not refuse payment for an item or service solely on the basis the service or item did not receive prior authorization under the third-party payers' rules.	3/28/2024	2/26/2024	4/3/2024
23	24-0018	1915(i)	7/1/2024	Per CMS requirements, the State is submitting the 1915(i) SPA to be effective July 1, 2024. The State is updating the SPA to add Tailored Plans as providing 1915(i) services upon Tailored Plan launch on 7/1/2024.	9/30/2024	4/5/2024	Pending
24	24-0020	Clinically Managed Low-Intensity Residential	7/1/2024	Clinically Managed Low-Intensity Residential Treatment Services is a new Medicaid service being added to the State Plan. Services are provided	9/30/2024	5/6/2024	Pending New Eff Date

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		Treatment Services		in a 24-hour residential facility with clinical and supportive services.			
25	24-0021	Clinically Managed Population Specific High Intensity	7/1/2024	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.).	9/30/2024	5/6/2024	Pending New Eff Date
26	24-0024	IPPs Treating Adult Beneficiaries	7/1/2024	The purpose of this SPA is to remove the limitation on IPPs to provide OT, PT and ST services only to EPSDT eligibles. There will be no age restriction for this provider type, which will allow adult beneficiaries access to more providers in less costly settings than hospital outpatient and home health services. This state plan amendment and policy changes will align with Medicare, private insurers, and some other state Medicaid agencies.	9/30/2024	Pending	Pending
27	24-0023	Medically Monitored Intensive Inpatient Services	7/1/2024	The SPA and policy are being amended to expand the service to the adolescent population, align with ASAM 3.7 criteria, and create a standalone policy.	9/30/2024	Pending New Eff Date	N/A
28	24-0019	Co-Payment Exemption: Opioid Antagonists	4/1/2024	The purpose of this SPA is to exempt the following drugs from Medicaid co-payments: opioid antagonists (naloxone/nalmefene), nicotine replacement therapy, and medications for opioid dependence. These	6/28/2024	Pending	Pending

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				medications currently require a co-payment of \$4 per prescription.			
29	24-0016	Substance Abuse Comprehensive Outpatient Treatment (SACOT)	5/1/2024	The SPA and policy are being amended to align with ASAM 2.5 criteria. SACOT is a clinically intensive partial hospitalization program that provides skilled treatment services in a structured outpatient recovery environment for adults, 18 years of age and older with a primary substance use disorder (SUD) diagnosis.	6/28/2024	Won't be submitted/Pending New Eff Date	N/A
30	24-0017	Substance Abuse Intensive Outpatient Program (SAIOP)	5/1/2024	The SPA and policy are being amended to align with ASAM 2.1 criteria and create a standalone policy. SAIOP is an intensive outpatient service that provides a structured program of skilled treatment for adults or adolescents with a primary substance use disorder (SUD) diagnosis as defined by the American Society of Addiction Medicine (ASAM) Criteria. SAIOP delivers 9-19 hours of skilled treatment services per week for adults, and 6-19 hours of skilled treatment services per week for adolescents.	6/28/2024	Won't be submitted/Pending New Eff Date	N/A
31	24-0022	Clinically Managed Residential Services	7/1/2024	The SPA for Clinically Managed Residential Services, The American Society of Addiction Medicine (ASAM) Criteria Level 3.5, is being amended to expand service access to adolescents and non-pregnant or non-parenting adult beneficiaries. This level of care provides services within a 24-hour structured, safe, and stable living	9/30/2024	Pending New Eff Date	N/A

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				environment to develop and demonstrate efficient recovery skills. Clinically Managed Residential Service is included in the NC 1115 Substance Use Disorder Demonstration Waiver and can be provided and billed for a beneficiary residing in an Institution for Mental Diseases (IMD).			
32	24-0025	Coverage of Imported Prescribed Drugs	4/1/2024	The purpose of this SPA is to amend the Medicaid State Plan to allow coverage of FDA-authorized imported drugs during a nationally recognized drug shortage. Since the imported drugs are classified as prescribed drugs, rather than covered outpatient drugs, a SPA is needed to update the prescribed drugs section in the State Plan.	6/28/2024	6/10/2024	8/29/2024
33	24-0026	Physician Services – Eligible Medical Professionals	7/1/2024	This State Plan Amendment is an annual adjustment to reflect the component of the payment limit cap applicable to the Fee-for Service activity for the State Fiscal Year beginning July 1, 2024.	9/30/2024	Pending	Pending
34	24-0027	Graduate Medical Education (GME)	7/1/2024	The amendment reinstates compliance language such that if graduate medical education payments result in payments to any group of hospitals in excess of the upper payment limit calculation required by 42 C.F.R §447.272, payments for each eligible hospital receiving payments under this section will be reduced	9/30/2024	Pending	Pending

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				proportionately to ensure compliance with the upper payment limit.			
35	24-0028	TCM Rate Increase/Health Homes	7/1/2024	<p>This SPA is to temporarily increase the monthly payment rate of the State's Health Home benefit, called Tailored Care Management. With this notice, North Carolina is announcing that it will extend the \$343.97 temporary payment rate through December 31, 2024. The temporary payment rate for the period of January 1, 2025, through June 30, 2025, will remain at \$294.86. The temporary rate increases reflect the level of effort required by providers, based on available data on provider time and effort to date, to implement the Tailored Care Management model. North Carolina is not making any other changes to the payment methodology described below.</p>	9/30/2024	8/28/2024	Pending
36	24-0029	HCBS-Direct Care Workers	7/1/2024	<p>This SPA is to amend the Medicaid State Plan for the purpose of increasing the reimbursement rates for Medicaid Home and Community Based Services (HCBS). These rate increases are intended to provide additional funding to HCBS providers to increase the wages of Direct Care Workers (DCWs) they employ, sustain provider participation within the Medicaid program, and support access to care statewide. The specific amount of the rate increases for HCBS providers are contingent on legislative appropriations to support them.</p>	9/30/2024	Pending	Pending

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37	24-0030	Medicaid Program Services	7/1/2024	This SPA amends the Medicaid State Plan for the purpose of increasing the rates for the Medicaid Program services included in the list below. These rate increases are intended to sustain provider participation within the Medicaid program, supporting access to care statewide. The specific amount of the rate increases for the identified Medicaid Program services are contingent on legislative appropriations to support them.	9/30/2024	Pending	Pending
38	24-0031	Advanced Medical Home Payments	7/1/2024	This SPA revises the per member per month management fees for Carolina ACCESS/AMH tier 1, 2, and 3 practices with assigned Tailored Care Management-eligible beneficiaries. For primary care providers, the payment will change from \$2.50 for non-Aged, Blind and Disabled/\$5.00 for Aged, Blind and Disabled beneficiaries to \$5.00 for all Tailored Care Management-eligible enrolled beneficiaries, regardless of Age, Blind and Disabled status.	9/30/2024	8/28/2024	Pending
39	24-0032	Coverage of FDA-Approved Weight Loss Drugs	8/1/2024	This SPA removes weight loss agents as an excluded drug class. Prescription obesity management medications are now playing a role in addressing the obesity epidemic, as they may provide additional weight loss benefits compared to lifestyle modifications alone. Because of the substantial associated weight loss of these medications, there has been an	9/30/2024	8/9/2024	Pending

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				increased uptake of state Medicaid program coverage.			
40	Pending	1915i - Parity	12/1/2024	Pending	Pending	Pending	Pending
41	Pending	1915i - Income Disregard	7/1/2024	This SPA provides individuals who have income between 150% - 211% of the FPL and are otherwise eligible for Medicaid coverage to have income disregarded to include those individuals who could be served in the 1915(i) Waiver.	9/30/2024	Pending	Pending
42	Pending	Ambulance	10/1/2024	The SPA updates Clinical Policy, 15-Ambulance Services, by removing condition codes as they do not fit all scenarios and are not required. The State Plan references billing with a UB 92 claim form. This form is no longer used. Language is revised to "The claim form" since it may change in the future.	12/31/2024	Pending	Pending