

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	23-0037	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 provided by Medicare Certified Home Health Agencies under a care plan authorized in accordance with 42 CFR 440.70.	12/30/2023	12/28/2023	Pending
2	23-0047	Hospital Presumptive Eligibility (HPE)	12/1/2023	The purpose of this State Plan Amendment is to include the adult expansion group in the Hospital Presumptive eligibility determination who meet the following criteria: ages 19 to 64, 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.	12/30/2023	12/28/2023	Pending
3	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
4	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 providers of 1915(i) services upon Tailored Plan launch July 1, 2024.	9/30/2024	4/5/2024	6/21/2024

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5	24-0020	Clinically Managed Low-Intensity Residential Treatment Services	7/1/2024	Clinically Managed Low-Intensity Residential Treatment Services is a new Medicaid service being added to the State Plan. Services are provided in a 24-hour residential facility with clinical and supportive services.	9/30/2024	5/6/2024	Withdrawn 7/15/2024
6	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to support beneficiaries with both substance use disorder (SUD) and traumatic brain injury (TBI).	9/30/2024	5/6/2024	Withdrawn 7/15/2024
7	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	6/27/2024	Withdrawn 8/5/2024
8	24-0023	Medically Monitored Intensive Inpatient Services	10/1/2024	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.	12/31/2024	10/24/2024	Pending

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9	24-0019	Copay Exemption Opioid Antagonists	8/1/2024	The purpose of this SPA is to exempt the following drugs from Medicaid copays: opioid antagonists (naloxone/nalmefene), nicotine replacement therapy and medications for opioid dependence. These medications currently require a copay of \$4 per prescription.	9/30/2024	7/23/2024	10/4/2024
10	24-0016	Substance Abuse Comprehensive Outpatient Treatment (SACOT)	8/1/2024	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, ages 18 and older with a primary substance use disorder diagnosis.	9/30/2024	9/30/2024	Pending
11	24-0017	Substance Abuse Intensive Outpatient Program (SAIOP)	8/1/2024	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 diagnosis as defined by the American Society of Addiction Medicine 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.	9/30/2024	9/24/2024	Pending
12	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	9/30/2024	Pending

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13	24-0027	Graduate Medical Education (GME)	7/1/2024	The amendment reinstates compliance language if graduate medical education payments result in payments to any group of hospitals more than 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 proportionately to ensure compliance with the upper payment limit.	9/30/2024	9/30/2024	Pending
14	24-0028	TCM Rate Increase Health Homes	7/1/2024	This SPA is to temporarily increase the monthly payment rate of the State's Health Home benefit, called Tailored Care Management (TCM). With this notice, North Carolina announced it will extend the \$343.97 temporary payment rate through Dec. 31, 2024. The temporary payment rate for the period of Jan. 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 TCM model.	9/30/2024	8/28/2024	11/14/2024
15	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 TCM-eligible beneficiaries. For primary care providers, the payment will change from \$2.50 for non-aged, blind and disabled, \$5 for aged, blind and disabled beneficiaries to \$5 for all TCM-eligible enrolled beneficiaries, regardless of age, blind and disabled status.	9/30/2024	8/28/2024	10/23/2024

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16	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 play a role in addressing the obesity epidemic, as they may provide additional weight loss benefits compared to lifestyle modifications alone. With the substantial associated weight loss of these medications, there is an increased uptake of state Medicaid program coverage.	9/30/2024	8/9/2024	10/30/2024
17	Pending	1915(i) - Parity	1/1/2025	Pending	Pending	Pending	Pending
18	24-0033	1915(i) Income Disregard	7/1/2024	This SPA provides individuals with income between 150-211% of the FPL and are otherwise eligible for Medicaid to have income disregarded to include those individuals who could be served in the 1915(i) waiver.	9/30/2024	9/30/2024	Pending
19	24-0036	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
20	24-0034	Ambulatory Withdrawal Management without Extended On-Site Monitoring ASAM 1.WM	10/1/2024	This SPA will apply a rate increase to the current reimbursement rate. The new rate will be established at \$31.17 per 15-minute increment. This rate increase is intended to sustain provider participation within the Medicaid program, address some of the increased cost of the service, and support access to care statewide.	12/31/2024	10/24/2024	Pending

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21	24-0035	Ambulatory Withdrawal Management with Extended On-Site Monitoring (ambulatory detoxification) 2WM	10/1/2024	This SPA will apply a rate increase to the current reimbursement rate. The new rate will be established at \$34.43 per 15-minute increment. This rate increase is intended to sustain provider participation within the Medicaid program, address some of the increased cost of the service, and support access to care statewide.	12/31/2024	10/24/2024	Pending