

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 Hydration and Immunotherapy.	6/30/2023	4/26/2023	Withdrawn
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	8/7/2023	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	8/15/2023	Pending
4	22-0026	1915 (i) option	7/1/2023	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.	9/30/2023	10/7/2022	6/28/2023
5	23-0018	<u>Ambulatory W/drawal Mgmt w/o Onsite Monitoring IWM (8A-7)</u>	7/1/2023	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
6	23-0020	<u>Amb Wdrawal Mgmt w Extended Onsite 2WM(8A-8)</u>	7/1/2023	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
7	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	Withdrawal 6/26/2023
8	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	6/21/2023
9	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	6/6/2023
10	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	6/16/2023
11	23-0017	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	6/26/2023	Pending
12	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	7/11/2023
13	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
14	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	7/28/2023
15	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	6/30/2023	Pending

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16	23-0023	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	N/A	Decided not to submit
17	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 an 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	Pending	Pending
18	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 an 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	Pending	Pending
19	23-0024	Maternity Services	7/1/2023	This SPA will increase the Medicaid rate paid for Obstetrics Maternal Bundle Payments for pregnancy care. Effective July 1, 2023, this SPA shall increase the Medicaid rate of reimbursement for Maternity services to at least seventy-one percent (71%) of the Medicare rate.	9/30/2023	Pending	Pending
20	23-0025	Personal Care Services (PCS)	7/1/2023	The purpose of this State Plan Amendment is to revise the PCS rate effective July 1, 2023, \$6.25, and to implement a per diem reimbursement methodology for Personal Care Services provided in residential settings. This rate increase is contingent on legislative approval of appropriations sufficient to support the increase.	9/30/2023	Pending	Pending
21	23-0026	Skilled Nursing Facilities (SNF)	7/1/2023	The purpose of this State Plan Amendment is to modify the rate structure of Skilled Nursing Facility reimbursement to include a uniform add-on amount of \$37.74 to be applied to SNF rates effective July 1, 2023. This rate increase is contingent on legislative approval of appropriations sufficient to support the increase.	9/30/2023	Pending	Pending
22	23-0027	Private Duty Nursing (PDN)	7/1/2023	The purpose of this State Plan Amendment is to increase the Medicaid rate of reimbursement for Private Duty Nursing services from \$45/hour (\$11.25 per 15-minute increment) to \$52/hour (\$13.00 per 15-minute increment). This rate increase is contingent on legislative approval of appropriations sufficient to support the increase.	9/30/2023	Pending	Pending
23	23-0028	FMAP Claiming (Medicaid Expansion)	10/1/2023	The purpose of the SPA is to allow North Carolina to claim the enhanced federal medical assistance percentages (FMAP) for expenditures for the new Medicaid Expansion eligibility group. For the Medicaid Expansion eligibility group, North Carolina will receive an enhanced 90% FMAP rate upon implementation.	12/31/2023	8/15/2023	Pending
24	23-0029	Medicaid Expansion ABP	10/1/2023	The purpose of the SPA is to define the Alternative Benefit Plan (ABP) that will be used to implement certain requirements for the new North Carolina Medicaid Expansion eligibility group as required by SL 2023-7. The Act allows for the inclusion of Medicaid eligibility to individuals aged 19-64 with incomes at or below 133% of the federal poverty level who are not enrolled in or eligible for Medicare, consistent with the new adult group eligibility criteria as defined by the Affordable Care Act.	12/31/2023	8/16/2023	Pending
25	23-0030	Medicaid Expansion Adult Group Eligibility	10/1/2023	The purpose of this SPA is to establish mandatory coverage for the Medicaid Expansion eligibility group. Mandatory coverage for the Medicaid Expansion group includes those that are: 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.	12/31/2023	8/15/2023	Pending
26	23-0031	CCNC (Medicaid Expansion)	10/1/2023	This is a SPA including additional population of Adult Group (Non-pregnant individuals aged 19-64 not eligible for Medicare with income no more than 133% FPL) for launch of Medicaid Expansion.	12/31/2023	9/6/2023	Pending
27	23-0032	Tribal Option (Medicaid Expansion)	10/1/2023	This is a SPA including additional population of Adult Group (Non-pregnant individuals aged 19-64 not eligible for Medicare with income no more than 133% FPL) for launch of Medicaid Expansion.	12/31/2023	Pending	Pending
28		CCNC (No Tailored Care Management Duplication)	7/1/2023	This is a new SPA including language for Tailored Care Management to state that populations will be disenrolled if they are eligible for the Health Home Benefit called Tailored Care Management.	9/30/2023	Pending	Pending
29		TO (No Tailored Care Management Duplication)	7/1/2023	This is a new SPA including language for Tailored Care Management to state that populations will be disenrolled if they are eligible for the Health Home Benefit called Tailored Care Management.	9/30/2023	Pending	Pending
30		Home Health Services	10/1/2023	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 plan of care authorized in accordance with 42 CFR 440.70.	12/30/2023	Pending	Pending
31		Indian Health Services	7/1/2023	The purpose of this State Plan Amendment (SPA) is to establish an approach for consistent consultation with Indian Health Programs and Urban Indian Organizations regarding Medicaid/CHIP updates, including any updates proposed through SPAs, waivers or policy changes. In addition to notification to Indian Health Services (IHS) of pending changes, the approach will include options for meeting with NC Medicaid leadership to discuss questions or concerns on items relevant to IHS. The approach will also include assigning primary points of contact within NC Medicaid responsible for timely and efficient notification of changes. Finally, the approach includes plans to regularly invite senior health officials from IHS facilities to policy planning and workgroup meetings to solicit advice on relevant NC Medicaid initiatives. This approach is applicable to IHS facilities not otherwise covered by SPA pages.	9/30/2023	Pending	Pending

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32		Nonprescription Drugs Language Update	8/1/2023	The purpose of this State Plan Amendment is a language update to allow for greater coverage flexibility for non-prescription drugs and helps to remove the need for a future SPA submission related to coverage of OTC products.	9/30/2023	Pending	Pending
33		Adult Copay Vaccine	10/1/2023	The purpose of this State Plan Amendment is to add adult vaccines and their administration to Preventive Services as per CMS.	12/30/2023	Pending	Pending