

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	23-0012	Eligible Medical Professionals-Physician Services	7/1/2023	This State Plan Amendment (SPA) reflects the change to the FFS payment limit for the SFY2023-2024 year and specifically applies to the current Physician Upper Payment Limit (UPL) program for eligible medical professionals of UNC Health Care and ECU Health. North Carolina Session Law 2020-88, Section 13(a) and (b) required NC DHHS to (a) submit a SPA to redefine the current aggregate payment limit for Physician UPL payments to UNC and ECU Physician Practice Plans and (b) to impose the new limit definition across Medicaid Fee-for-Service and Managed Care delivery systems. NC Session Law further amended this provision to include ECU Health. Because this annual limit is in aggregate and across delivery systems, DHB must submit an annual SPA update to reflect the anticipated change to the limit in FFS. Concurrently, DHB submits an annual Preprint to CMS to reflect the corresponding Managed Care component of the limit.	9/30/2023	5/2/2023	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	8/7/2023	10/24/2023
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	10/5/2023
5	23-0018	<u>Ambulatory W/drawal Mgmt w/o Onsite Monitoring 1WM (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	8/7/2023	10/25/2023
6	23-0020	<u>Amb Wdrawl 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	8/7/2023	10/25/2023
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
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
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
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	9/29/2023	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	9/29/2023	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	9/29/2024	11/17/2023
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	9/29/2023	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	9/29/2023	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	9/29/2023	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	10/12/2023

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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	11/14/2023
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	10/12/2023
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	11/15/2023
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	9/19/2023	11/15/2023
28	23-0034	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	9/29/2023	Pending
29	23-0033	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	9/29/2023	Pending
30	23-0037	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	23-0038	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	11/13/2023	Pending
32	23-0035	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	9/29/2023	Pending
33	23-0036	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	9/29/2023	Pending
	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	Pending	Pending
	23-0040	Opioid Treatment Program (OIP)	10/1/2023	The purpose of this State Plan Amendment is to include the Opioid Treatment Program and to assign a bundled services reimbursement rate (per 1-week increment), equivalent to 100% of the Medicare fee schedule rate	12/30/2023	Pending	Pending
	23-0041	Dental Procedures/Ambulatory Centers	10/4/2023	The purpose of the State Plan Amendment is to increasing reimbursement to Ambulatory Surgical Centers so that services billed under procedure code G0330 are reimbursed at ninety-five percent (95%) of the total payment rate listed on the Medicare Part B Hospital Outpatient Prospective Payment System (OPPS), in effect as of January 1, 2023.	12/30/2023	Pending	Pending
	23-0042	HIV Medicaid Co-Pay	11/1/2023	The purpose of this State Plan Amendment (SPA) is to exempt antiretroviral (ARV) medications used to treat HIV for the purpose of reducing viral load from Medicaid co-payments. These medications currently require a co-payment of \$4 per prescription.	12/30/2023	11/30/2023	Pending
	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
	23-0046	Outpatient Specialized Therapy Services - Adult Visit Limit	12/1/2023	The purpose of this State Plan amendment is to increase the limitations on Outpatient Specialized Therapy Providers (excluding EPDST eligibles) to the following (the current visit limit is 27 combined for all three services)	12/30/2023	11/14/2023	11/28/2023
		Personal Needs Allowance Increase	1/1/2024	This state plan change will increase the personal needs allowance for individual Medicaid recipients who are institutionalized from thirty dollars (\$30.00) to seventy dollars (\$70.00) and from sixty dollars (\$60.00) to one hundred forty dollars (\$140.00) for married couples who are Medicaid recipients when both spouses are institutionalized.	3/29/2024	Pending	Pending
		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	Pending	Pending
		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: 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.	12/30/2023	Pending	Pending

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		Medicaid Postpartum Proxy Methodology	12/1/2023	The purpose of this SPA is to allow North Carolina to effectuate the claiming of the enhanced Medicaid expansion federal medical assistance percentage (FMAP) for those eligible for coverage under the 12-month Medicaid postpartum coverage extension but who otherwise qualify under Medicaid expansion coverage.	12/30/2023	Pending	Pending