

Division of Medical Assistance
Proposed State Plan Amendments List

SPA Count	SPA #	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
Outstanding From CY 2011							
1	11-058	Intellectual/Developmental Disability (IDD) Targeted Case Management (TCM) (CDSA)	12/1/2011	To remove October 31, 2011 end date of service and to allow CDSAs to continue to be reimbursed for these services. No change in reimbursement or financial impact.	12/30/2011	12/21/2011	6/13/2017
Proposed SPAs Submitted to CMS for CY 2013							
2	13-010	Rehab. Services	8/1/2013	CMS mandated that the SPA be amended to define and provide more clarity to the optional Medicaid Rehabilitative Services.	9/30/2013	9/25/2013	Pending
Proposed SPAs from the 2014-15 Budget							
3	14-017	UNC/ECU Dental CMS Companion Letter Response	7/1/2014	To clarify and properly identify the cost identification and reconciliation process.	9/30/2014	7/2/2014	Pending
Proposed Medicaid Eligibility & Benefits State Plan Amendments							
BUCKET 4							
4	14-0001-MM4-Form# A1, A2 & A3	Addresses single State agencies delegation of appeals and determinations.	1/1/2014	This SPA is about the basic Administration of the Medicaid program and the legal authority of the state to submit and administer the state	12/31/2013	3/31/2014	4/1/2017
Proposed State Plan Amendment Per North Carolina General Assembly 2015 Budget							
5	15-005	Dental-ECU Cost Settlement	11/1/2015	Requires DMA to uniformly reimburse and cost settle for Medicaid dental services provided in State-operated dental schools, subject to State Plan approval.	12/31/2015	12/29/2015	Pending
Proposed SPAs Submitted to CMS for CY 2016							
6	16-012	Home Health	12/1/2016	This state plan amendment implements Session Law 2015 - 241, Section 12H.18	12/31/2016	12/29/2016	3/23/2017
Proposed North Carolina Health Choice SPAs Submitted to CMS for CY 2016							

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7	NCHC-16-0001-FRTR	Federally Recognized Tribe	4/1/2017	The state plan changes include references to federally recognized tribes where appropriate in the NC Medicaid State Plan to ensure that all duties, roles, and responsibilities previously assigned to county divisions of social services are shared with federally recognized tribes who will assume those duties, roles and responsibilities for individuals living within the tribal boundary. These changes are necessary to implement S.L. 2014-100, Section 12C.3, S.L. 2015-241, Section 12C.10., and S.L. 2016-94, Section 12C.10.(d). The federally recognized tribe will assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related reimbursements.	12/31/2016	12/15/2017	4/1/2017
Proposed SPAs Submitted to CMS for CY 2017							
8	17-001	Inpatient Hospital (GME)	1/1/2017	This state plan amendment implements Session Law 2015-264, Section 12H.23. (a) which states no Medicaid provider may receive reimbursement for Graduate Medical Education (GME) as an add-on to their DRG Unit Value (Base) rate under the Base rate methodology as defined in the current Medicaid State Plan.	3/31/2017	3/30/2017	Pending