



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary

September 12, 2022

**SIGNATURE REQUEST MEMORANDUM**

**TO:** Kody H. Kinsley, Secretary

**THROUGH:** Dave Richard, Deputy Secretary

DS  
DR

**FROM:** Cecilia Williams, SPA Coordinator

**RE:** State Plan Amendment

Title XIX, Social Security Act  
Transmittal #2022-0030

**Purpose**

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on September 12, 2022, with a due date of September 26, 2022.

**Clearance**

This amendment has been reviewed for both accuracy and completeness by:

*Cecilia Williams, Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson and Dave Richard.*

**Background and Summary of Request**

It is recommended that you sign the State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The State Plan Amendment (SPA) requests authority for the following change to the NC Medicaid State Plan.

- This State Plan Amendment (SPA) describes services for Care Management for High-Risk Pregnancy (CMHRP) and returns language related to CMHRP. This SPA will not increase utilization or change services. Additionally, the SPA will not increase cost.
- The SPA effective date is July 01, 2022.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Cecilia Williams at (919) 270-2530.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • OFFICE OF THE SECRETARY**

LOCATION: 101 Blair Drive, Adams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2001 Mail Service Center, Raleigh, NC 27699-2000  
www.ncdhhs.gov • TEL: 919-855-4800 • FAX: 919-715-4645

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

State Plan under Title XIX of the Social Security Act  
State/Territory: North Carolina  
TARGETED CASE MANAGEMENT SERVICES

[Pregnant Medicaid beneficiaries ages fourteen to forty-four identified at risk for adverse birth outcomes.]

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Target group includes beneficiaries who have a history or are at risk of:

- Preterm birth (<37 completed weeks)
- At least one spontaneous preterm labor and/or rupture of the membranes
- Low birth weight (<2500g)
- Fetal death >20 weeks
- Neonatal death (within first 28 days of life)
- Second trimester pregnancy loss
- Three or more first trimester pregnancy losses
- Cervical insufficiency
- Gestational diabetes
- Postpartum depression
- Hypertensive disorders of pregnancy
  - Eclampsia
  - Preeclampsia
  - Gestational hypertension
  - Hemolysis, elevated liver enzymes, low platelet count (HELLP) syndrome
- Multifetal Gestation
- Fetal complications:
  - Fetal anomaly
  - Fetal chromosomal abnormality
  - Intrauterine growth restriction (IUGR)
  - Oligohydramnios
  - Polyhydramnios
- Chronic condition which may complicate pregnancy:
  - Diabetes
  - Hypertension
  - Asthma
  - Mental illness
  - HIV
  - Seizure disorder
  - Renal disease
  - Systemic lupus erythematosus

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TN. No. 22-0030

Supersedes

TN. No. NEW

Approval Date:

Eff. Date 07/01/2022

State Plan under Title XIX of the Social Security  
Act State/Territory: North Carolina  
TARGETED CASE MANAGEMENT SERVICES

[Pregnant Medicaid beneficiaries ages fourteen to forty-four identified at risk for adverse birth outcomes.]

- Current use of drugs or alcohol/recent drug use or heavy alcohol use in month prior to learning of pregnancy
- Late entry into prenatal care (>14 weeks)
- Hospital utilization in the antepartum period
- Missed 2+ prenatal appointments
- Cervical insufficiency
- Gestational diabetes
- Vaginal bleeding in 2nd trimester
- Hypertensive disorders of pregnancy
  - Preeclampsia
  - Gestational hypertension
- Short interpregnancy interval (<12 months between last live birth and current pregnancy)
- Current sexually transmitted infection
- Recurrent urinary tract infections (>2 in past 6 months, >5 in past 2 years)
- Non-English speaking
- Positive depression screening

  N/A   Target group includes individuals transitioning to a community setting. Case management services will be made available for up to   N/A   [N/A] consecutive days of a covered stay in a medical institution.

The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions).

(State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

  X   Entire State

     Only in the following geographic areas: [N/A]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

  X   Services are provided in accordance with §1902(a)(10)(B) of the Act.

     Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

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Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

A comprehensive assessment will be completed on all beneficiaries upon initial contact and continued case management services will be determined based upon the patient's level of need as determined through ongoing assessments as needed.

Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

- \* Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

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- \* Monitoring and follow-up activities:
  - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - o services are being furnished in accordance with the individual's care plan;
    - o services in the care plan are adequate; and
    - o changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.  
[Specify the type of monitoring and justify the frequency of monitoring.]

Information gathered during the assessment process will determine whether the child meets the target population description, identify needs, and will determine the level of monitoring to be provided. Level of monitoring will be adjusted to meet care plan needs and will be assessed and updated as needed.

\_X\_ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.  
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Registered nurses and social workers with a bachelor's degree in social work (BSW, BA in SW, or BS in SW) or master's degree in social work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education (CWSE) accredited social work degree program. Program staff hired prior to Sept. 1, 2011, without a bachelor's or master's degree in social work may retain their existing position only. This grandfathered status does not transfer to any other position.

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Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

\_\_\_\_ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [N/A]

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

NC does not have any additional limitations. NC will ensure that it does not pay for duplicative care management services.