



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

June 20, 2023

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2023-0019

Dear Mr. Scott:

Please find attached a State Plan Amendment (SPA) that adds language to the State Plan describing the Care Management for High-Risk Pregnancy (CMHRP) and the Care Management for At-Risk Children (CMARC) programs. It is recommended that you sign this 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 affected clinical pages are Attachments: Supplement 1 to Attachment 3.1-A, Page 9b and 10c; Attachment 3.1-F, Part 1, Page 2 and the affected finance pages are Attachment 4.19-B, Section 19, Pages 6 and 7. This language was previously included in the State Plan but was inadvertently removed during CMS review of a separate SPA related to Managed Care implementation. This SPA returns that previous language and does not change services in the program or impact utilization. These payment pages were requested by CMS.

The proposed effective date is May 12, 2023.

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.

Sincerely,

DocuSigned by:
A handwritten signature in blue ink that reads 'Jay Ludlam'.
06565C1C2A8F4C8...

Jay Ludlam
Deputy Secretary, NC Medicaid

Enclosures

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

E. Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM). The agency's fee schedule rate of \$81.25 per week was set as of July 1, 2010 and is effective for services provided on or after July 1, 2010. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided by Critical Access Behavioral Health Agencies (CABHA) (as specified in Attachment 3.1-A.1, Page 7c.1a and Attachment 3.1-A.1, Page 15a, 13.d) enrolled in Medicaid that may be either private or public.

This service is not cost settled for any provider.

F. Targeted Case Management Services for Care Management for At-Risk Children (CMARC)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management Services for Care Management for At-Risk Children (CMARC).

The methodology used to reimburse for CMARC services are:

1. For fee-for-service and Tribal Option enrollees, the \$4.56PMPM for CMARC is paid to LHDs through the PCCMe.
2. For managed care enrollees, the \$4.56PMPM for CMARC is paid to LHDs through PHPs. The PMPM payments only apply to children ages 0-5.

The agency's fee schedule rate was set as of May 12, 2023, and is effective for services provided on or after May 12, 2023. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided in accordance with Supplement 1 to Attachment 3.1-A, Pages 9, 9a- 9d. 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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Supersedes
TN No. 14-036

Approval Date:

Effective Date: 05/12/2023

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

G. Targeted Case Management Services for Care Management for High-Risk Pregnancy (CMHRP)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management Services for Care Management for High -Risk Pregnancy (CMHRP).

The methodology used to reimburse for CMHRP services are:

1. For fee-for-service and Tribal Option enrollees, the \$4.96 PMPM for CMHRP is paid to LHDs through the PCCMe.
2. For managed care enrollees, the \$4.96 PMPM for CMHRP is paid to LHDs through PHPs. The PMPM payments only apply to women of childbearing age (14-44).

The agency's fee schedule rate was set as of May 12, 2023, and is effective for services provided on or after May 12, 2023. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

This service will be provided in accordance with Supplement 1 to Attachment 3.1-A, Pages 10, 10a – 10f. 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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Approval Date:

Effective Date: 05/12/2023

State: North Carolina

Citation	Condition or Requirement
	<p>If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:</p> <p><input checked="" type="checkbox"/> Provision of intensive telephonic case management <input checked="" type="checkbox"/> Provision of face-to-face case management <input type="checkbox"/> Operation of a nurse triage advice line <input checked="" type="checkbox"/> Development of enrollee care plans. <input type="checkbox"/> Execution of contracts with fee-for-service (FFS) providers in the FFS program <input type="checkbox"/> Oversight responsibilities for the activities of FFS providers in the FFS program <input checked="" type="checkbox"/> Provision of payments to FFS providers on behalf of the State. <input checked="" type="checkbox"/> Provision of enrollee outreach and education activities. <input checked="" type="checkbox"/> Operation of a customer service call center. <input checked="" type="checkbox"/> Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement. <input checked="" type="checkbox"/> Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers. <input checked="" type="checkbox"/> Coordination with behavioral health systems/providers. <input checked="" type="checkbox"/> Coordination with long-term services and supports systems/providers. <input type="checkbox"/> Other (please describe):</p>

42 CFR 438.50(b)(4) C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the managed care program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan managed care program has been implemented. (Example: public meeting, advisory groups.)
 If the program will include long term services and supports (LTSS), please indicate how the views of stakeholders have been, and will continue to be, solicited and addressed during

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

[Children ages zero-to-five enrolled in Medicaid who meet the identified target group]

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:
 - services are being furnished in accordance with the individual's care plan.
 - services in the care plan are adequate; and
 - 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.

Information gathered during the assessment process will determine whether the child meets the target population description, identify needs, and will determine the frequency of monitoring to be provided. Frequency 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)):

Staff eligible to provide this service must meet at least one of the following qualifications:

- Social worker with a Bachelor of Social Work (BSW, BA in SW, or BS in SW) or Master of Social Work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education (CSWE) accredited social work degree program.
- Registered nurse licensed to practice in the State of North Carolina
- Bachelor's degree in a human service field with 5 or more years of care management/case management experience working with the specific population of low-income, pregnant individuals and/or children ages 0-5 years
- Bachelor's degree in a human service field with 3 or more years of care management/case management experience working with the specific population (low income, pregnant individuals and/or children ages 0-5 years) and has certification as a Case Manager (CCM preferred)

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.

Employers shall engage Care Managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with high-risk children. This skill mix must reflect the capacity to address the needs of patients with both medically and socially complex conditions.

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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.]

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:
 - services are being furnished in accordance with the individual’s care plan;
 - services in the care plan are adequate; and
 - 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 based on information gathered through the assessment process.

[Specify the type of monitoring and justify the frequency of monitoring.]

Information gathered during the assessment process will determine whether the individual meets the target population description, identify needs, and will determine the level of monitoring to be provided. The assessment process includes, but is not limited to, review of the following: prior assessment history, prior care management documentation, information from claims data, medical records, patient interviews, and information from prenatal care providers and referral sources. 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)):

Staff eligible to provide this service must meet at least one of the following qualifications:

- Social worker with a Bachelor of Social Work (BSW, BA in SW, or BS in SW) or Master of Social Work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education (CSWE) accredited social work degree program.
- Registered nurse licensed to practice in the State of North Carolina
- Bachelor’s degree in a human service field with 5 or more years of care management/case management experience working with the specific population of low-income, pregnant individuals and/or children ages 0-5 years
- Bachelor’s degree in a human service field with 3 or more years of care management/case management experience working with the specific population (low income, pregnant individuals and/or children ages 0-5 years) and has certification as a Case Manager (CCM preferred)

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.

Employers will engage care managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with the pregnant population at high risk for adverse birth outcomes. This skill reflects the capacity to address the needs of patients with both medically and socially complex conditions.

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