



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

March 11, 2024

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 #2024-0004

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This State Plan Change will amend the Medicaid State Plan to apply an inflationary rate increase defined by the Division of Health Benefits and supported by the North Carolina General Assembly appropriated funds in the Current Operations Appropriations Act of 2023 (SL 2023-134) House Bill 259 to the following Assertive Community Treatment services:

Inflationary Increase

- Mobile Crisis Management (H2011)
- Facility-Based Crisis - Adults (S9484)
- Facility-Based Crisis - Adolescent (S9484 HA)

Increase to 100% of Medicare

- Psychotherapy for Crisis (90839-90840)

The proposed effective date of the SPA is January 01, 2024.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:  
A stylized signature of Jay Ludlam in black ink.  
06565C1C2A8F4C8...

Jay Ludlam  
Deputy Secretary

Enclosures

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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17) Mobile Crisis Management (H2011)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Mobile Crisis Management. The agency's fee schedule rate of \$90.00 per 15 minutes was set as of August 11, 2021 and is effective for services provided on or after that date.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is published on the Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

This service is provided in accordance with Attachment 3.1-A.1 Page 7c.5a, Paragraph 4.b.(8), subparagraph (f) and Attachment 3.1-A.1 Page 15a.5, Paragraph 13.D., subparagraph (vi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0004

Supersedes

TN No: 21-0019

Approval Date:

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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4) Professional Treatment Services in Facility Based Crisis Programs (Adult – S9484)

Payment for Professional Treatment Services in Facility Based Crisis Programs is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.8, Paragraph 13.D., sub paragraph (ix).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Professional Treatment Services in Facility Based Crisis Programs. The agency's fee schedule rate of \$15.93 per hour was set as of January 1, 2021 and is effective for services provided on or after that date.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is published on the Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0004

Supersedes

TN No: 21-0001

Approval Date:

Effective Date: 01/01/2024

MEDICAL ASSISTANCE  
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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5) Facility-Based Crisis Program – Children and Adolescents (S9484 HA)

Payment for Facility-Based Crisis – Children and Adolescents is based on a per 1-hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9a, Paragraph 4.b.(8), subparagraph (k).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Facility-Based Crisis Program – Children and Adolescents. The agency's fee schedule rate of \$15.93 per hour was set as of January 1, 2021 and is effective for services provided on or after that date.

Effective January 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is published on the Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing Room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0004  
Supersedes  
TN No: 21-0001

Approval Date:

Effective Date: 01/01/2024

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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41) Psychotherapy for Crisis (90839-90840)

The agency's fee schedule rate was set on January 1, 2024, based on 100% of the 2023 Medicare rate, and is effective for services provided on or after that date. Rates are based on the appropriate behavioral health provider type. The provider type fee schedules are published on the NC Division of Health Benefits website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Psychotherapy for Crisis.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0004  
Supersedes  
TN No: NEW

Approval Date:

Effective Date: 01/01/2024