




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

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam 

FROM: Ashley Blango, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2025-0015

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (**Update for 1915(i) Authority**) summarized below, and submitted on June 16, 2025, with a due date of June 19, 2025.

Clearance

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

Ashley Blango, Kathryn Horneffer, Lotta Crabtree, Adam Levinson, Melanie Bush

Background and Summary of Request

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 purpose of the revisions to the State Plan Amendment is to clarify the 1915(i) service reimbursement methodology due to the phase out of the 1915(b)(3) services. Additionally, the reimbursement methodology reflects the milestone payment methodology which is leveraged for Individual Placement and Support (IPS) previously under the 1915(b)(3) services.

The proposed effective date for the SPA is April 1, 2025.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at 919-812-6145.

NC MEDICAID

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

State: North Carolina

§1915(i) State plan HCBS

State plan Attachment 4.19–B:

Supplement 7, Page 1

TN: 25-0015

Effective: 4/1/2025

Approved:

Supersedes: 22-0026

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input checked="" type="checkbox"/>	HCBS Habilitation
	Supported Employment (IDD) - Concurrent 1115, 1915(b) and 1915(i) authorities will utilize a capitated payment arrangement for this service. The capitation will be described in the State's 1115 and 1915(b) waivers and approved contracts consistent with federal requirements.
	Community Living and Support - Concurrent 1115, 1915(b) and 1915(i) authorities will utilize a capitated payment arrangement for this service. The capitation will be described in the State's 1115 and 1915(b) waivers and approved contracts consistent with federal requirements.
<input checked="" type="checkbox"/>	HCBS Respite Care
	Concurrent 1115, 1915(b) and 1915(i) authorities will utilize a capitated payment arrangement for this service. The capitation will be described in the State's 1115 and 1915(b) waivers and approved contracts consistent with federal requirements.
For Individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)
<input checked="" type="checkbox"/>	Other Services (specify below)
X	Supported Employment for IDD - Concurrent 1115, 1915(b) and 1915(i) authorities will utilize a capitated payment arrangement for this service. The capitation will be described in the State's 1115 and 1915(b) waivers and approved contracts consistent with federal requirements.
X	Individual and Transitional Support - Concurrent 1115, 1915(b) and 1915(i) authorities will utilize a capitated payment arrangement for this service. The capitation will be described in the State's 1115 and 1915(b) waivers and approved contracts consistent with federal requirements.
X	Community Transition is reimbursed on an "event" basis, based on the actual cost of the service (excluding provider overhead charges). Total costs may not exceed \$5,000.00 per beneficiary.
X	Supported Employment for MH/SUD (Individual Placement and Support (IPS)) - Providers can be reimbursed per unit or based on milestones, as determined by the PIHP/Tailored Plan. Concurrent 1115, 1915(b) and 1915(i) authorities will utilize a capitated payment arrangement for this service. The capitation will be described in the State's 1115 and 1915(b) waivers and approved contracts consistent with federal requirements.