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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 14, 2021

Mr. Dave Richard
Deputy Secretary, North Carolina Medicaid
Division of Health Benefits
NC Department of Health and Human Services
1985 Umstead Drive
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Re: North Carolina State Plan Amendment (SPA) 21-0002

Dear Mr. Richard:

We have reviewed the proposed North Carolina State Plan Amendment (SPA) 21-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 26, 2021. The purpose of this SPA is to increase Personal Care Services Medicaid rates by ten percent (10%) above the rate in effect. This increase is mandated by Section 12006 1903(l) of the 21st Century CURES Act.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

| | | |
|--|--|-----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 21-0002 | 2. STATE NC |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2021 | |

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

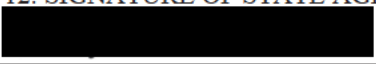
| | |
|---|--|
| Section I2006 I903(1) of the 21 st Century CURES Act | 7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$43,857,532 b. FFY 2022 \$25,796,382 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 23, Page 6 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Section 23, Page 6 |

10. SUBJECT OF AMENDMENT:

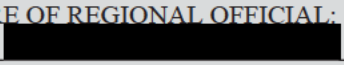
Personal Care Services – Electronic Visit Verification

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED: Secretary
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014 |
| 13. TYPED NAME: Mandy Cohen, MD, MPH | |
| 14. TITLE: Secretary | |
| 15. DATE SUBMITTED: 3/11/2021 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|---|
| 17. DATE RECEIVED: March 26, 2021 | 18. DATE APPROVED: June 14, 2021 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Todd McMillion | 22. TITLE: Director, Division of Reimbursement Review |

23. REMARKS:

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

23. Any other Medical Care and any other type of remedial care recognized under State law, specified by the Secretary.

PERSONAL CARE SERVICES

Personal Care Services are reimbursed under the authority of 42 CFR 440.167 and when provided as defined in Attachment 3.1-A.1, Page 19, of this State Plan.

Effective January 1, 2021, providers subject to Electronic Visit Verification (EVV) as required by Section 12006 1903(l) of the 21st Century CURES Act, must be registered with the State's EVV solution or procure an alternative compliant EVV solution to receive reimbursement, as per PCS Clinical Coverage Policy No: 3L.

The agency's fee schedule rate of \$3.88 per 15 minutes was set as of August 1, 2017. Effective January 1, 2018 the fee schedule rate is \$3.90 per 15 minutes. Effective January 1, 2021, in adherence to EVV, payment for Personal Care Services (PCS) reimbursement shall be increased by ten percent (10%) above the rate in effect per fifteen (15) minute increment. Rates are published on the NC Division of Health Benefits website, <https://medicaid.ncdhhs.gov/providers/fee-schedules/personal-care-services-pcs-fee-schedule>, and are effective for services provided on or after the published date.

Except as otherwise noted in the plan, the state-developed fee schedule rate is the same for both governmental and non-governmental providers of Personal Care Services.

TN. No. 21-0002
Supersedes
TN. No. 17-0009

Approval Date: 6/14/21

Eff. Date: 01/01/2021