

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



---

August 26, 2010

Craigian Gray, MD, MBA, JD  
Director  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal #10-018

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan NC 10-018 that was received in the Regional Office on June 11, 2010. This State plan amendment was submitted with only Attachment 3.1-A pages and no Attachment 4.19-B pages.

The amendment to Attachment 3.1-A allows the State Medicaid agency to continue to claim for reimbursement for the care coordination function only of the case management for adults that was previously imbedded within the Community Support service. Community Support - Adult service is being totally terminated effective 12/31/10. This SPA will allow for claiming until 12/31/10 when all recipients will be transitioned from Community Support – Adult service to other behavioral health services.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment NC 10-018 was approved on August 25, 2010. The effective date of this amendment is July 1, 2010. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-018</b>	2. STATE <b>NC</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>July 1, 2010</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 430.130 (d)</b>		7. FEDERAL BUDGET IMPACT: a. <b>FFY 2010 (\$58,267,275)</b> b. <b>FFY 2011 (\$68,424,792)</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A.1, Page 15a.2</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>Attachment 3.1-A.1, Page 15a.2</b>	
10. SUBJECT OF AMENDMENT: <b>Community Support Services - Adult</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: <b>Lanier M. Cansler</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>6-11-10</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>06/11/10</b>		18. DATE APPROVED: <b>08/25/10</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>07/01/10</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: <b>Jackie Glaze</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health Opns</b>	
23. REMARKS:			

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)  
Description of Services

(iii) Community Support - (adults) (CS)

North Carolina is revising the State Plan to facilitate phase out of the Community Support - Adults service, which will end effective December 31, 2010. Beginning January 1, 2010 through December 31, 2010, the state will continue to allow only the provision of the care coordination functions of this service in order to permit the state time to transition appropriate recipients to the new Mental Health/Substance Abuse Targeted Case Management service.

The care coordination functions are as follows:

- Link recipients to, and coordinate, necessary services to promote clinical stability and to meet an individual's mental health/substance abuse treatment, social, and other treatment support needs;
- Assess and evaluate the effectiveness of delivery of all services and supports identified in the Person Centered Plan;
- Coordination and oversight of initial and ongoing assessment activities;
- Ensuring linkage to the most clinically appropriate and effective services;
- Facilitation of the Person Centered Planning process which includes the active involvement of the recipient and people identified as important in the recipient's life (e.g., family, friends, and providers);
- Initial development and ongoing revision of Person Centered Plan;
- Assessing the implementation of the Person Centered Plan, including involvement of other medical and non-medical providers, the consumer, and natural and community supports;  
and
- Effective coordination of clinical services, natural and community supports for the recipient and his or her family.