

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



February 28, 2011

Craigian Gray, M.D., M.B.A., J.D.
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, NC #10-026

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan NC 10-026 that was received in the Regional Office on September 8, 2010. The amendment includes qualifications for the practitioners who furnish Personal Care Services (PCS) in the home and in the Adult Care Home.

The amendment was submitted as a result of a companion letter issued to the State by CMS that required the State to comply with 42 CFR 440.167 which sets requirements that Personal Care Services (PCS) be provided by an individual who is qualified to provide such services and who is not a member of the individual's family.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 10-026. However, the coverage and reimbursement of the Personal Care Services for individuals living in a private residence, an Adult Care Home, or a Supervised Living Home will cease on February 29, 2012 when the State will cover Personal Care Services under the authority of section 1915(i) of the Social Security Act. This SPA was approved on February 25, 2011. The effective date of this amendment is September 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-026	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 September 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0.00 b. FFY 2011 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 19, Page 20, Page 21, Page 22, Page 23 and Page 24		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 19	
10. SUBJECT OF AMENDMENT: Personal Care Services (PCS)			
11. GOVERNOR'S REVIEW (Check One): <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: Lanier M. Cansler			
14. TITLE: Secretary			
15. DATE SUBMITTED: 9/8/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/08/10		18. DATE APPROVED: 02-25-11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/10		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS: Approved with the following changes to items 8 and 9 as authorized by State Agency on email dated 02/16/11. Block #8 Change to read: Attachment 3.1-A.1, Page 19, Page 20, Page 21, Page 22, Page 23, Page 24, 25 and 26; Attachment 4.19-B, Section 23, Page 6 and Attachment 4.19-B, Section 23, Page 6b Block #9 Change to read: Attachment 3.1-A.1, Page 19, Attachment 4.19-B, Section 23, Page 6 and Attachment 4.19-B, Section 23, Page 6b			

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

B. Provided in Adult Care Homes (continued)

The initial basic fee was based on 1.1 hours of service per resident day. The initial basic fee was computed by determining the estimated salary, fringes, direct supervision, cost of medication administration, and allowable overhead. Reimbursement does not include room and board in the rate. Additional payments are made utilizing the basic fee as a factor for a Medicaid eligible resident that has a demonstrated need for additional care. The enhanced rates include eating, toileting, ambulation/locomotion or special care units (Alzheimer's) billed in addition to the initial basic using the appropriate published HCPCS code for the enhanced service rendered.

This methodology ends effective February 29, 2012.

TN. No. 10-026
Supersedes
TN. No. 05-006

Approval Date: 02-25-11

Eff. Date: 09/01/2010