

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street SW, Suite 4T20
Atlanta, Georgia 30303



June 7, 2011

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

Attn: Teresa Smith

Re: North Carolina State Plan Amendment 11-008

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan NC 11-008 that was received in the Regional Office on March 10, 2011. This State plan amendment extends the March 1, 2011 end date of the targeted case management (TCM) cost reimbursement methodology to October 31, 2011 to allow more time for the Local Health Departments and the Child Development Services Agencies to complete work on an acceptable cost identification process.

While we are approving this temporary extension of the current reimbursement methodology, CMS strongly urges North Carolina to work expeditiously to provide an acceptable cost finding methodology within the agreed upon time to ensure that expenditures made on behalf of the Medicaid program are appropriately captured and able to serve as the basis for Federal Financial Participation.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 11-008. This SPA was approved on June 6, 2011. The effective date of this amendment is March 1, 2011. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions, please contact Yvette Moore at 404-562-7327.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-008	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 March 1, 2011	
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: Section 1915(g)(1)		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 19, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Section 19, Page 4	
10. SUBJECT OF AMENDMENT: Targeted Case Management Services For Children And Adults With Developmental Disabilities/Delay Or Traumatic Brain Injury, Manifested Prior To Age 22 Or Children With Special Health Care Needs			
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: Lanier M. Cansler			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 10, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/10/11		18. DATE APPROVED: 06/06/11	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/11		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:			

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

D. TARGETED CASE MANAGEMENT SERVICES

Children Less Than Three Years of Age Who Are At Risk For, or Have Been Diagnosed With, Developmental Delay/Disability or Social Emotional Disorder

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

This target group includes the individuals who meet the requirements defined in the Children's Development Service Agencies' policy: Children less than three years of age who are at risk for, or have been diagnosed with, developmental delay/disability or social emotional disorder.

North Carolina reimburses governmental providers, Child Development Services Agencies, actual costs for the provision of this 15 minute unit of targeted case management.

Annually, governmental providers are paid actual costs and are reconciled through a cost report submitted by the governmental providers as detailed in Attachment 4.19-B, Section 9, page 1 of the state plan.

Payment methodology for this service will end date on October 31, 2011.

TN No. 11-008
Supersedes
TN No. 10-020

Approval Date: 06-06-11

Effective Date: 03/01/2011