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**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 18-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



## **Regional Operations Group**

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February 22, 2019

Mr. Dave Richard  
Deputy Secretary  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Betty Staton

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 18-0006

Dear Mr. Richard:

We reviewed the proposed amendment, North Carolina Medicaid State Plan Amendment (SPA) NC 18-0006, which was received in the Regional Office on November 29, 2018. The amendment includes Lead Investigation services for Medicaid coverage and increases the state Maximum Allowable Cost for lead investigations.

Based on the information provided, we are approving the State Plan Amendment NC 18-0006. This SPA was approved on February 21, 2019. The effective date of this amendment is November 1, 2018. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any further assistance, please contact Charles Friedrich at (404) 562-7404, or Donald Graves at (919) 828-2999.

Sincerely,

//s//

Shantrina D. Roberts, MSN  
Deputy Director  
Division of Medicaid Field Operations South

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 18-0006	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE November 1, 2018	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		

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*)

6. FEDERAL STATUTE/REGULATION CITATION:  42CFR414.200	7. FEDERAL BUDGET IMPACT:  a. FFY 2019    \$217,388 b. FFY 2020    \$237,151
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A.1, Page 13c.2 Attachment 4.19-B, Section 9, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19-B, Section 9, Page 1

10. SUBJECT OF AMENDMENT:

Lead Investigations

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: //s//	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: 11/27/18	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 11/29/18	18. DATE APPROVED: 02/21/19
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Deputy Director Division of Medicaid Field Operation South

23. REMARKS: Approved with the following changes to blocks 6 and 9 as authorized by state agency on emails dated 12/13/18 and 02/20/19.

Block #6 changed to read: 42 CFR 440.130

Block #9 changed to read: 3.1-A.1 page 13c.2(new)

1905(a)(4)(B) Early Periodic Screening, Diagnostic and Treatment

42 CFR 440.130(a) – Diagnostic services

Lead Investigation Services

Lead Investigation services are coordinated by the North Carolina Division of Public Health and performed in accordance with state law by a Certified Lead Risk Assessor who has met the educational and certification requirements outlined in 10A NCAC 41C .0802 and § 130A-453.03.

MEDICAL ASSISTANCE  
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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9.a. Clinic Services provided by Health Departments

- (a) Interim payments for Clinic Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Health Department Fee Schedule. The agency's interim rates were set as of March 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for all governmental and non-governmental providers. Payments will be based on settled cost, while interim rates will be based on the March 1, 2011 North Carolina fee schedule.

To assure payments do not exceed the upper payment limits set forth at 42 CFR 447.321, Health Department services reimbursed under a fee schedule and furnished to Medicaid recipients will be cost settled annually to Medicaid allowable costs. Effective for cost reporting periods beginning on or after July 1, 2011, Medicaid-allowable cost will be determined by the Division of Medical Assistance using a CMS approved cost reporting methodology.

- (b) Lead Investigation Services (T1029):

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of lead investigations. The agency's fee schedule rate of \$1,200.00 per investigation was set as of November 1, 2018 and is effective for services provided on or after that date.

This service will be provided by a Certified Lead Risk Assessors in accordance with state law. This service is provided in accordance with Attachment 3.1-A.1 Page 13c.2.