

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: NC-19-0004**

This file contains the following documents in the order listed:

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

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



## Division of Medicaid and Children's Health Operations

June 25, 2019

Dave Richard  
Deputy Secretary of Medical Assistance  
Division of Medical Assistance  
2501 Mail Service Center  
1985 Umstead Dr  
Raleigh, NC 27699

Re: Approval of State Plan Amendment NC-19-0004 Migrated\_North Carolina Health Homes Services

Dear Dave Richard:

On June 21, 2019, the Centers for Medicare and Medicaid Services (CMS) received North Carolina State Plan Amendment (SPA) NC-19-0004 for Migrated\_North Carolina Health Homes Services to To terminate services offered in NC 11-050 Health Home Services which will be included in the approved NC Managed Care 1115 Waiver.

We approve North Carolina State Plan Amendment (SPA) NC-19-0004 on June 25, 2019 with an effective date(s) of June 21, 2019.

If you have any questions regarding this amendment, please contact Charles Friedrich at 4045627404 or <a href="mailto:charles.friedrich@cms.hhs.gov">charles.friedrich@cms.hhs.gov</a> .	
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Sincerely,  
Shantrina D. Roberts, MSN  
Deputy Director  
Division of Medicaid Field Operations South

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

### Package Header

<b>Package ID</b> NC2019MS00100	<b>SPA ID</b> NC-19-0004
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 6/21/2019
<b>Approval Date</b> 6/25/2019	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** NC-19-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	6/21/2019	NC 11-0050

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

### Package Header

<b>Package ID</b>	NC2019MS00100	<b>SPA ID</b>	NC-19-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/21/2019
<b>Approval Date</b>	6/25/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this State Plan Amendment is to terminate services offered in NC-11-0050 Health Home Services which will be included in the NC Managed Care 1115 Waiver,

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

NC-11-0050

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Comments are not applicable.

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

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<b>Approval Date</b>	6/25/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

## Package Header

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<b>Approval Date</b>	6/25/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Name of Health Homes Program:

Migrated\_North Carolina Health Homes Services

### One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes  
 No

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

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<b>Superseded SPA ID</b>	N/A		

## SAMHSA Consultation

### Name of Health Homes Program

Migrated\_North Carolina Health Homes Services

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
2/17/2012



# Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | NC2019MS00100 | NC-19-0004 | Migrated\_North Carolina Health Homes Services

CMS-10434 OMB 0938-1188

## Package Header

<b>Package ID</b>	NC2019MS00100	<b>SPA ID</b>	NC-19-0004
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<b>Superseded SPA ID</b>	NC 11-0050		
	User-Entered		

## Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

### Describe the reason for termination

Health Home Services will be included in the NC Managed Care 1115 Waiver.

### Describe the overall approach the state will use to terminating the program

The services will terminate services for all participants immediately.

### Indicate method of termination

### Termination effective date

The state will terminate all participants from the Health Homes Program on the same date

6/21/2019

The state will phase-out the termination of participation in the Health Homes Program

### Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

Health Home Services will be included in the NC Managed Care 1115 Waiver.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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