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

August 26, 2010

Craigan 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 #10-017

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan NC 10-017 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 children that was previously imbedded within the Community Support service. Community Support - Child 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 – Child service to other behavioral health services.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment NC 10-017 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **10-017**

2. STATE: **NC**

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: **July 1, 2010**

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:
42 CFR 430.130 (d)

7. FEDERAL BUDGET IMPACT:
a. **FFY 2010 ($140,345,286)**
b. **FFY 2011 ($181,313,654)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Page 7c.3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, Page 7c.3

10. SUBJECT OF AMENDMENT:
Community Support Services - Child

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: SECRETARY

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Lanier M. Cansler

14. TITLE:
Secretary

15. DATE SUBMITTED:
6-11-10

16. RETURN TO:
Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/11/10

18. DATE APPROVED: 08/25/10

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

FORM HCFA-179 (07-92)

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services *(continued)*
Description of Services

(c) Community Supports Child (CS) (CFR 42 430.130(d))

North Carolina is revising the State Plan to facilitate phase out of the Community Supports Child 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. However, a child or adolescent under age 21 who is determined to meet the medical necessity criteria for the services will be furnished the services if no more appropriate service is available.

These care coordination functions are as follows:

- Link recipients to, and coordinate, necessary services to promote clinical stability and meet the mental health/substance abuse treatment, social, and other treatment support needs while supporting the emotional and functional growth and development of the child;
- Assess and evaluate the effectiveness of delivery of all services and supports identified in the Person Centered Plan;
- Facilitation of the Person Centered Planning process with the Child and Family Team which includes the child, parent or legal guardian, and others identified as important in the recipient's life (e.g., family, friends, providers);
- Initial development, implementation, 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 child and the family, and other natural and community supports;
- Coordination and oversight of initial and ongoing assessment activities;
- Ensuring linkage to the most clinically appropriate and effective services; and
- Effective coordination of clinical services, natural and community supports for the recipient and his or her family.