

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

Payments for Medical and Remedial Care and Services

19. Case Management Services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

A. Pregnant Women.

Case Management Services (Pregnant Women)

The interim rate was set as of July 1, 2002 and was effective for services on or after that date. The fee-for service rate is the same per unit rate (one unit equals fifteen minutes) for all providers. Providers are reimbursed the lower of the rate or their usual and customary charge. The fee will be set by dividing the cost of an FTE case manager by the caseload size. The fee will be evaluated annually and any overpayments will be recouped in the following year's rate. The state will not pay more than cost.

Governmental providers are paid based on the above rate not to exceed actual costs. Cost Reporting and settlement of Governmental providers occurs through the methodology described in Section 9, page 1 of Attachment 4.19-B of this state plan.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

Payment methodology for this service will end date on March 1, 2011.

TN No. 10-020
Supersedes
TN No. 05-007

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B. Adults and Children At-Risk For Abuse, Neglect, or Exploitation.

Medicaid reimbursement for Case Management Services may not exceed cost. The interim per unit rate (One unit = fifteen minutes) will be determined annually by the Division of Medical Assistance. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

Each local provider must certify the availability of the matching non-federal share of service payments. This certification is required to be available for audit purposes and will be made in accordance with instructions provided by the Division of Social Services.

The interim rate will be subject to final settlement reconciliation with actual cost. Each provider must prepare and submit a report of its costs and other financial information related to reimbursement annually. The report must include costs from a fiscal period beginning on July 1 and ending on June 30 and must be submitted to the Division of Medical Assistance on or before the September 30 that immediately follows the June 30 year end.

This rate is calculated by taking the actual cost from governmental providers and dividing by the actual units spent performing the service.

Units are obtained from case managers' certified weekly time sheets. Cost is allocated through the annual Single County Audit for each governmental provider. Using the cost data from these governmental case managers, the rate gives consideration for case manager related costs for: 1) salary/wages for direct practitioners; 2) employee-related expenses for direct practitioners; 3) indirect expenses; 4) transportation associated with providing the Case Management service; and 5) general and administrative costs.

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Case Management: 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.

North Carolina pays governmental providers actual costs for the provision of targeted case management services. Certified public expenditures are the source of the non-Federal share. Governmental providers are paid an interim rate that is based on historical costs that different than private providers prior to the governmental provider's fiscal year end.

Annually, governmental provider actual costs are reconciled to interim payments through a cost report submitted by the governmental providers. Actual costs are settled for the Federal share based on the state wide average costs.

Payment methodology for this service will end date on March 1, 2011.

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D. Case Management (Persons With HIV Disease)

The agency's rates are set as of July 1, of each year and are effective for services on or after that date. These rates are set equal to the rates established under paragraph B (Adults and Children At-Risk For Abuse, Neglect, or Exploitation) of this section.

Medicaid reimbursement for HIV case management services will be the same per unit rate (one unit equals fifteen minutes) for all providers. Providers will be reimbursed the lower of the fee schedule rate or their usual and customary charge

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of targeted case management services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. The agency's fee schedule rate was set effective July 1, 2009 and is effective for services provided on or after that date.

Payments for this service will end on March 1, 2011.

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