

Division of Medical Assistance
Proposed State Plan Amendments List

SPA Count	SPA #	Name	Effective Date	Description	CMS Deadline	Received at CMS	Approved Date
Proposed SPAs Submitted from North Carolina General Assembly 2015 Budget							
1	15-005	Dental-ECU Cost Settlement	11/1/2015	Requires DMA to uniformly reimburse and cost settle for Medicaid dental services provided in State-operated dental schools, subject to State Plan approval.	12/31/2015	12/29/2015	11/21/2017
Proposed SPAs for CY 2017							
2	17-0006	Autism Spectrum Disorder (ASD)	7/1/2017	This change will allow Medicaid to reimburse for Research-Based Intensive-Behavioral Health Treatment (RBI-BHT) based on CMS approval of coverage for Autism Spectrum Disorder (ASD) under Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Adaptive Behavior Treatment (ABT) procedure codes for this new service cover individuals under 21 years old.	9/30/2017	9/29/2017	Pending
3	17-0007	Upper Payment Limit-Inpatient Hospital	7/7/2017	This state plan revises the methodology for calculating the Upper Payment Limit for inpatient hospitals. Total Uncompensated Care Payments on Exhibit 1, Step 1, Item 1d will be relocated to Step 1, Item 3. This will move the Total Uncompensated Care from Portions of Medicare payments for most recent year subject to Case Mix Index (Step 1) to the Medicare Payments not subject to case mix index (Step 3).	9/29/2017	9/28/2017	11/15/2017
4	17-0008	Blood Glucose Testing Equipment Supplies	1/1/2018	This state plan revises the reimbursement a state Plan amendment for Durable Medical Equipment – Blood Glucose Testing Equipment & Supplies. This State Plan increases the SMAC rate for Blood Glucose Testing Equipment and Supplies.	12/29/2017	9/20/2017	Pending
5	17-0009	Personal Care Services (PCS)	8/1/2017	This state plan increase the rate for Personal Care Services to \$3.88 effective August 1, 2017 and \$3.90 effective January 1, 2018.	9/29/2017	9/20/2017	Pending
6	17-0010	Diagnosis Related Groups (DRG)	10/1/2017	This state plan revises the reimbursement methodology inpatient hospital to add eleven Diagnosis Related Groups (DRGs) to the rate setting methodology for inpatient hospitals.	12/29/2017	9/28/2017	11/15/2017

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7	17-0011	Long Term Care Acute Hospital (LTCAH)	10/1/2017	This state plan revises the reimbursement methodology for Long Term Acute Care Hospitals per diem rate for rehabilitation services to be established at a minimum of 65% of the actual cost derived from their most recent filed cost report.	12/29/2017	9/29/2017	Pending
8	17-0012	Solid Organ Transplant	8/1/2017	This state plan change will remove the prior approval requirement from Ventricular Assist Devices (VAD) and from live and cadaver donor kidney transplants.	9/29/2017	9/29/2017	10/25/2017
9	17-0014	HIV-CM	12/1/2017	This state plan change will carve out non-essential language in the SPA that is reflected in the Clinical Coverage Policy 12B for HIV Case Management and to reflect changes made to provider requirements.	9/29/2017	Pending Submission to CMS	Pending
10	17-0015	Nursing Facilities	10/1/2017	This state plan amendment will update all documents for the Code of Federal Regulations (CFR) to be in compliance with 42 CFR 483 Subpart B.	9/29/2017	Pending Submission to CMS	Pending
11	17-0016	CPP	1/1/2018	This state plan will allow the State to reimburse Clinical Pharmacist Practitioners to enroll and be reimbursed directly for services. Clinical Pharmacist Practitioners are authorized to prescribe by North Carolina General Statute 90-18.4.	9/29/2017	Pending Submission to CMS	Pending
Proposed SPAs for North Carolina Health Choice CY 2017							
12	17-0001 COST	North Carolina Health Choice-(Cost Settlement)	10/1/2017	This state plan change is to clarify the cost settlement language subject to available funds in the allotment for NC Health Choice.	12/29/2017	Pending Submission to CMS	Pending