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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 22-0019

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 2, 2022

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

North Carolina State Plan Amendment Transmittal Number NC-22-0019

Dear Deputy Secretary Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NC-22-0019. This SPA adds Mobile Crisis Management to align with the Mental Health Parity and Addiction Equity Act of 2008.

During a quality review being conducted by CMS it was discovered that the original approval package sent to North Carolina contained the incorrect State Plan page. SPA NC-22-0019 was approved on October 26, 2022. The enclosed corrected package contains the original signed letter, original signed CMS-179, and the corrected State Plan page.

If you have any questions, please contact Robert Townes at 215-861-4716 or via email at Robert.Townes@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Cecilia Williams, NC DHHS
Emma Sandoe, NC DHHS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 26, 2022

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

Re: North Carolina State Plan Amendment Transmittal Number NC-22-0019

Dear Deputy Secretary Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NC-22-0019. This State Plan Amendment is being updated to align with the Mental Health Parity and Addiction Equity Act of 2008 to include Mobile Crisis Management.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1974 of the Act. This letter is to inform you that North Carolina Medicaid SPA NC-22-0019 was approved on October 26, 2022, with an effective date of July 1, 2022

Enclosed are copies of the approved CMS-179 summary page and approved SPA Page to be incorporated in the North Carolina State Plan.

If you have any questions, please contact Robert Townes at 215-861-4716 or via email at Robert.Townes@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Deputy Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Cecilia Williams, NC DHHS
Emma Sandoe, NC DHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 9

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 01, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A.1 Page 7c.5a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A.1 Page 7c.5a

9. SUBJECT OF AMENDMENT

Mobile Crisis Management

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Kody H. Kinsley

13. TITLE

Secretary

14. DATE SUBMITTED

07/26/22 | 10:53 AM EDT

15. RETURN TO

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED

08/09/2022

17. DATE APPROVED

10/26/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Deputy Director, Division of Program Operations

22. REMARKS

Behavioral Health Rehabilitative Services

Mobile Crisis Management

This involves all supports, services, and treatments necessary to provide integrated crisis response, and crisis stabilization interventions. Mobile Crisis Management services are available 24-hours-a-day, 7-days-a-week. Crisis response provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance use services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and withdrawal management services. Crisis response services include screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed. Services are provided to a beneficiary outside of a hospital or crisis facility setting.

MCM services are provided by a multidisciplinary team that includes:

- a licensed clinician capable of conducting an assessment of the beneficiary within their authorized scope of practice; and
- a Qualified Professional (QP), an Associate Professional (AP), or a Paraprofessional (as defined in Attachment 3.1-A.1 Page 7c.10-11) including NC Certified Peer Support Specialist or National Federation of Families Certified Family Peer Specialist. Paraprofessionals must work under the supervision of a QP.
- a psychiatrist must be available for in-person, telehealth, or telephonic consults.

The MCM team must have experience with the appropriate disability group and 20 hours of crisis intervention training within the first 90 days of employment. Concurrent reviews may occur after 32 units of service has been rendered to determine ongoing medical necessity.