



## North Carolina Department of Health and Human Services

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

September 26, 2014

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid  
Centers for Medicare and Medicaid Services  
Region IV  
Atlanta Federal Center  
61 Forsyth Street, SW Suite 4T20  
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment  
Title XIX, Social Security Act  
Transmittal #2014-022

Dear Ms. Glaze:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 4.19-B Section 13, Page 7 and Attachment 4.19-B Supplement 6, Page 7.

The state plan changes are to revise team-to-family ratio in the Intensive In -Home services definition. This change also includes a 1% rate reduction to the Intensive In -Home services effective January 1, 2015 which was enacted by Session Law 2014 - 100, Section 12H.4.

This amendment is effective October 1, 2014.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact Teresa Smith or me at 919-855-4116.

Sincerely,

A handwritten signature in cursive script, appearing to read "Aldona Z. Wos".

Aldona Z. Wos, M.D.

Enclosures

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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7) Intensive In-Home Services (H2022)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Intensive In-Home Services. The agency's fee schedule rate of \$239.66 was set as of October 1, 2014 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.6, Paragraph 4.b, subparagraph (g).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 7 section of the State Plan.

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TN No: 14-022

Supersedes

TN No: 11-034

Approval Date: \_\_\_\_\_

Effective Date: 10/01/2014

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

Payments for Medical and Remedial Care and Services

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Payment for Intensive In-Home Services:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2012 – The rates for SFY2012 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2013 – The rates for SFY2013 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 – Effective July 1, 2014, rates will be frozen at the rate in effect on June 30, 2014. Effective January 1, 2015, the rates will be adjusted such that they will equal 99% of the rate in effective December 31, 2014. There will be no further annual adjustments this state fiscal year.

SFY 2016 – The rates will be frozen at the rates in effect on June 30, 2015. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 7

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TN No: 14-022  
Supersedes  
TN No: 13-018

Approval Date: \_\_\_\_\_

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