



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

February 5, 2023

Dear County DSS Director:

The Department of Health and Human Services, Division of Health Benefits (DHB) hereby provides notice of its intent to amend the Medicaid State Plan to authorize North Carolina to temporarily increase the monthly payment rate of the State's Health Home benefit, called Tailored Care Management. North Carolina will temporarily increase the payment rate from \$269.66 to (1) \$343.97 starting on February 1, 2024, through June 30, 2024, and (2) \$294.86 starting on July 1, 2024, through June 30, 2025. During the entire period starting on February 1, 2024, through June 30, 2025, North Carolina will also temporarily increase the add-on payment for individuals enrolled in the Innovations or TBI waivers and for members obtaining 1915(i) services from \$78.94 to \$79.73. The temporary rate increases reflect the level of effort required by providers, based on available data on provider time and effort to date, to implement the Tailored Care Management model. North Carolina is not making any other changes to the payment methodology described below.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

Betty J Staton

Betty J Staton
State Plan and Amendments Manager

Attachment: Public Notice SPA 24-0014
HEALTH HOMES (STATE PLAN OPTION)

NC MEDICAID
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES •
DIVISION OF HEALTH BENEFITS

LOCATION: 1985 Umstead Drive, Kirby Building,
Raleigh, NC 27603 MAILING ADDRESS: 2501
Mail Service Center, Raleigh, NC 27699-2001
www.ncdhhs.gov • TEL: 919-855-4100 • FAX:
919-733-6608

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

PUBLIC NOTICE
(SPA 24-0014)
HEALTH HOMES (STATE PLAN OPTION)

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This rate amendment will become effective February 1, 2024.

The annual estimated state fiscal impact of this change is:

- a. SFY 2024 \$0.00
- b. SFY 2025 \$0.00

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Health Benefits at the address listed below:

Jay Ludlam
Deputy Secretary
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
medicaidrulescomments@dhhs.nc.gov

Posted on the Division of Health Benefits Website: January 30, 2023
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>