



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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**LME-MCO Communication Bulletin #J315**

Date: January 03, 2019

To: Local Management Entities-Managed Care Organizations (LME-MCOs)

From: Deb Goda, Behavioral Health Unit Manager, NC Medicaid  
Kathy Nichols, Assistant Director of Policies and Programs, DMH/DD/SAS

Subject: Temporary Extension of North Carolina's 1915 (b) Waiver and Concurrent  
1915 (c) NC Innovations Waiver

The Centers for Medicare & Medicaid Services (CMS) granted North Carolina a temporary extension of North Carolina's 1915(b) waiver program and the concurrent 1915(c) NC Innovations Waiver. This temporary extension will expire on March 29, 2019. As CMS has suggested that we start on April 1, 2019, the State will submit a second temporary extension to CMS to cover March 30<sup>th</sup> and 31<sup>st</sup> as a temporary extension can only be requested for 90 days.

For current participants of the NC Innovations Waiver, the NC Innovations Waiver will continue to operate at cost and utilization levels approved for the fifth year of the waiver. The NC Innovations Individual Cost Limit of \$135,000 per year will continue to reset with the participants approved annual Individual Support Plans. CMS is granting North Carolina this extension to review the waiver renewal applications and to align the waiver effective dates with the federal fiscal year (FFY) quarters. (A fiscal year is denoted by the year in which it ends, not in which it starts, so the US federal government fiscal year starting on **October 1, 2018** and ending on **September 30, 2019** is denoted as the fiscal year 2019 (often abbreviated as FY2019 or FY19), not as fiscal year 2018/19.)

Authorizations for services that have 'Life of the Waiver' financial limits (Home Modifications, Vehicle Modifications, and Assistive Technology) may not exceed those limitations. Once the waiver is renewed, those limits will start over.

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Previous bulletins can be accessed at <http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>

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