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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 16-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

May 9, 2016

Mr. Dave Richard
Deputy Secretary
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 16-0003

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 16-0003 that was received in the Regional Office on March 31, 2016. The amendment allows pharmacists to provide covered vaccinations and immunizations to Medicaid and Health Choice beneficiaries. It also allows Medicaid reimbursement to be paid for providing seasonal influenza vaccines, herpes zoster vaccine, hepatitis B vaccine, meningococcal polysaccharide conjugate vaccines, tetanus-diphtheria, tetanus and diphtheria toxoid vaccines.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 16-0003. This SPA was approved on May 9, 2016. The effective date of this amendment is January 1, 2016. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-003	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2016	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: SL 2015-241, Sec 12H.5(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$173,176 b. FFY 2018 \$181,172
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 3 and Attachment 3.1-A.1, Page 12c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Page 3 and Attachment 3.1-A, Page 12c

10. SUBJECT OF AMENDMENT:

Immunizing Pharmacist Services

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Secretary
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO:
13. TYPED NAME: Richard O. Brajer	Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
14. TITLE: Secretary	
15. DATE SUBMITTED: 03/31/16	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/31/16	18. DATE APPROVED: 05/09/16
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/16	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS:	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists services.

/X/ Provided: // No Limitations /X/ With Limitations*

// Not provided.

c. Chiropractor's services.

/X/ Provided: // No Limitations /X/ With Limitations

d. Other practitioners' services.

/X/ Provided: Identified on attached sheet with description of limitations, if any.

Nurse Practitioner criteria described in Attachment 3.1-A.1, Page 12a.

// Not provided.

Certified Registered Nurse Anesthetists (CRNA) criteria described in Appendix 8 of Attachment 3.1-A.

// Not provided

Anesthesiologist Assistant criteria described in Appendix 8 of Attachment 3.1-A.

/X/ Provided

Pharmacist criteria described in Attachment 3.1-A.1, Page 12c.

// Not provided

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: // No Limitations /X/ With Limitations*

b. Home health aide services provided by a home health agency.

Provided: // No Limitations /X/ With Limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: // No Limitations /X/ With Limitations*

* Description provided on attachment: See 3.1-A.1

6.d. Other Practitioners' Services:

Pharmacist

North Carolina licensed pharmacists employed by North Carolina registered and Medicaid enrolled pharmacies may administer seasonal influenza vaccine, pneumococcal polysaccharide or pneumococcal conjugate vaccines, herpes zoster vaccine, hepatitis B vaccine, meningococcal polysaccharide or meningococcal conjugate vaccines and tetanus-diphtheria, tetanus and diphtheria toxoid vaccines within the scope of their practice.