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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 17-0016

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

February 5, 2018

Mr. Dave Richard
Deputy Secretary for Medical Assistance
North Carolina Department of Health and Human Services
1985 Umstead Drive
Raleigh, NC 27699-2501

RE: SPA 17-0016

Dear Mr. Richard:

Enclosed is an approved copy of North Carolina's state plan amendment (SPA) 17-0016 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 21, 2017. The SPA submission requested to allow Clinical Pharmacist Practitioners to enroll directly as Medicaid Providers, which allows them to directly bill and to receive direct payment.

Based on the information provided, the Medicaid State Plan Amendment NC 17-0016 was approved on February 5, 2018. The effective date of this SPA is January 1, 2018. The signed 179 and the approved plan pages are enclosed.

CMS appreciates the work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Kenni Howard at 404-562-413 or by email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Charles A. Friedrich, MPA
Acting, Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0016	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, 2018	
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: 42CFR447.201	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$0.00 b. FFY 2019 \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 8a, Attachment 3.1-A.1 Page 12c, Attachment 3.1-B Page 3, and Attachment 4.19-B Section 5 Page 1g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Page 8a, Attachment 3.1-A.1 Page 12c, and Attachment 3.1-B Page 3,
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10. SUBJECT OF AMENDMENT:

Clinical Pharmacist Practitioners(CPP)

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: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
13. TYPED NAME: Mandy Cohen, MD, MPH	
14. TITLE: Secretary	
15. DATE SUBMITTED: 12/21/17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/21/17	18. DATE APPROVED: 02/05/18
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Charles A. Friedrich, MPA	22. TITLE: Acting, Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

State/Territory: North Carolina

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).
 Provided: No limitations With limitations*
 Not provided.
22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
 Provided: No limitations With limitations*
 Not provided.
23. Certified pediatric or family nurse practitioner's services.
 Provided: No limitations With limitations*
24. Clinical Pharmacist Practitioner's services.
 Provided: No limitations With limitations*

*Description provided on attachment.

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.

Clinical Pharmacist Practitioners

North Carolina licensed and certified clinical pharmacist practitioners employed by North Carolina registered and Medicaid enrolled clinics, hospitals, and pharmacies may provide services within a scope of practice as outlined by protocol and with supervision of an actively licensed physician

A) Criteria for Medicaid Coverage of Clinical Pharmacist Practitioner Services means that the services are:

- 1) provided in accordance with the scope of practice as defined by the State Board of Pharmacy;
- 2) performed by clinical pharmacist practitioners who are duly licensed to practice pharmacy and are approved by the Board of Pharmacy as "Clinical Pharmacist Practitioners"; and
- 3) performed under the supervision of a physician licensed in the State of practice.
- 4) Or, performed by pharmacists employed by a federally recognized tribe.

B) Coverage Limitations for Clinical Pharmacist Practitioner Services

Medical services must be performed in accordance with the clinical pharmacist practitioners scope of practice and signed protocols, as follows:

- 1) By Clinical Pharmacist Practitioners in practice
- 2) For DMA approved procedures developed for use by Clinical Pharmacist Practitioners.

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): all

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided: No Limitations With Limitations*

b. Optometrists' Services

Provided: No Limitations With Limitations*

c. Chiropractors' Services

Provided: No Limitations With Limitations*

d. Other Practitioners' Services

Provided: No Limitations With Limitations*

Nurse Practitioner criteria described in Appendix 5 of Att. 3.1-A.

Clinical Pharmacist Practitioner criteria described in Attachment 3.1-A.

7. Home Health Services

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

Provided: No Limitations With Limitations*

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

Provided: No Limitations With Limitations*

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

Provided: No Limitations With Limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No Limitations With Limitations*

*Description provided on attachment.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Clinical Pharmacist Practitioner Services:

Payments for Clinical Pharmacist Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Clinical Pharmacist Practitioner Services Fee Schedule. The agency's rates were set as of January 1, 2018 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Clinical Pharmacist Practitioner Services are reimbursed at 100 percent of the Medicaid Physician Services Fee Schedule in effect.

TN. No. 17-0016
Supersedes
TN. No. NEW

Approval Date: 02/05/18

Effective Date: 01/01/2018