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State/Territory Name: North Carolina

State Plan Amendment (SPA) #:13-005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 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

December 16, 2013

Ms. Sandra D. Terrell, MS, R.N.
Acting Director
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 13-005

Dear Ms. Terrell:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 13-005 that was received in the Regional Office on September 24, 2013. The amendment adds Tobacco Cessation Services for pregnant women, a requirement under the Affordable Care Act, Section 4107.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 13-005. This SPA was approved on December 16, 2013. The effective date of this amendment is July 1, 2013. We are enclosing the signed HCFA-179 and approved plan pages.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408 or Clarence Lewis at (803) 898-7647.

Sincerely,

//s//

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:
13-005

2. STATE
NC

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2013

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:

Section 4107 of the Patient Protection and Affordable Care Act(P.L. 111-148

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 7a, Attachment 3.1-A.1, Page 8, Attachment 3.1-A.1, Page 14, Attachment 3.1-A.1, Page 14g, Attachment 3.1-A.1, Page 14h, Attachment 3.1-B, Page 6a, Attachment 3.1-B, Page 7, and Attachment 3.1-B.1, Page 3

7. FEDERAL BUDGET IMPACT:

a. FFY 2013-14 \$0
b. FFY 2014-15 \$0

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A.1, Page 8, Attachment 3.1-A.1, Page 14, Attachment 3.1-A.1, Page 14g, Attachment 3.1-A.1, Page 14h, Attachment 3.1-B, Page 7, and Attachment 3.1-B.1, Page 3

10. SUBJECT OF AMENDMENT:

Tobacco Cessation - ACA

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Aldona Z. Wos, M.D.,

14. TITLE: Secretary

15. DATE SUBMITTED: 09/24/13

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
09/24/13

18. DATE APPROVED: 12/16/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/13

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to items 8 and 9 as authorized by State Agency e-mail dated 11/12/13

Blocked #8 changed to read: 3.1-A pages 2 and 2a; 3.1-A pages 14g and 14h; 3.1-B 2a and 3.1-B.1 page 3.

Blocked #9 changed to read: 3.1-A pages 2 and 2a; 3.1-A pages 14g and 14h; 3.1-B 2a and 3.1-B.1 page 3.

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-A
Page 2
OMB NO:

State/Territory: North Carolina

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

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations ☒ With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☒ No limitations ☐ With limitations*

- 4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

- 2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: ☒ No limitations* ☐ With limitations**

*The State is providing at least four (4) counseling sessions per quit attempt.

** Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

* Description provided on attachment.

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-A
Page 2a
OMB NO:

State/Territory: North Carolina

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

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- Provided: ☐ No Limitations ☒ With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
- Provided: ☐ No Limitations ☒ With limitations*
- 6.a. 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.
- Podiatrists' services.
- Provided: ☐ No limitations ☒ With limitations*

* Description provided on attachment.

TN No. 13-005
Supersedes
TN No. NEW

Approval Date: 12-16-13

Effective Date 07/01/2013

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

Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Categorically Needy

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12.a. PRESCRIBED DRUGS continued

Citation (s)

USC 1927(d)(2) and
1935(d)(2)

Provision (s)

The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

(1) The following excluded drugs are covered:

☒ (a) Non-prescription drugs

North Carolina (NC) will only cover selected rebateable over the counter (OTC) products when not covered by the prescription drug plans (PDPs). Examples of OTC drugs covered are: Insulin products, non-sedating antihistamines e.g. Loratadine OTC and Claritin OTC, proton pump inhibitors e.g. Prilosec OTC.

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

Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Categorically Needy

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12.a. PRESCRIBED DRUGS continued

Citation(s)
USC 1927(d)(2) and
1935(d)(2)

Provision(s)

☒ (b) All Barbiturates. (Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover these indications)

☒ (c) All Benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)

- (2) The following excluded drugs are not covered:
- (a) Agents when used for anorexia, weight loss, weight gain
 - (b) Agents when used to promote fertility
 - (c) Agents when used for cosmetic purposes or hair growth
 - (d) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
 - (e) Agents when used for the symptomatic relief of cough and colds. All legend products that contain expectorants or cough suppressants. Examples are: expectorant/antitussive combination, antihistamine/decongestant/antitussive combination, antihistamine/decongestant/expectorant combination, antihistamine/decongestant/expectorant/antitussive combination, antihistamine/expectorant combination, antihistamine/antitussive, antitussive/decongestant/analgesic/ expectorant, and antitussive/decongestant/analgesic.
 - (f) All legend vitamins and mineral products, except prenatal vitamins and fluoride.

Revision: HCFA-PM-93-6 (MB)
MAY 1993

ATTACHMENT 3.1-B
Page 2a
OMB No:

State/Territory: North Carolina

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

4. d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: ☒ No limitations* ☐ With limitations**

*The State is providing at least four (4) counseling sessions per quit attempt.

** Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: ☐ No Limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No Limitations ☒ With limitations:

*Description provided on attachment.

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

Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Medically Needy

12.a. PRESCRIBED DRUGS *continued*

Citation (s)	Provision (s)
USC 1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.</p> <p>(1) The following excluded drugs are covered:</p> <p><input checked="" type="checkbox"/> (a) Non-prescription drugs</p> <p>North Carolina (NC) will only cover selected rebateable over the counter (OTC) products when not covered by the prescription drug plans (PDPs). Examples of OTC drugs covered are: Insulin products, non-sedating antihistamines e.g. Loratadine OTC and Claritin OTC, proton pump inhibitors e.g. Prilosec OTC</p>
USC 1927(d)(2) and 1935(d)(2)	<p><input checked="" type="checkbox"/> (b) All Barbiturates (Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications)</p> <p><input checked="" type="checkbox"/> (c) All Benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</p>