

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #:13-007**

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**

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December 16, 2013

Ms. Sandra D. Terrell  
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 13-007

Dear Ms. Terrell:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 13-007 that was received in the Regional Office on September 19, 2013. The amendment adds language required under the Affordable Care Act, Section 2302, Concurrent Care for Children that allows individuals under age 21 to receive hospice services without foregoing any treatment, including curative treatment.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 13-007. 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**

1. TRANSMITTAL NUMBER:  
13-007

2. STATE  
NC

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

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 2302 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013-14 \$0  
b. FFY 2014-15 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-A, Page 7 and Attachment 3.1-B, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Attachment 3.1-A, Page 7 and Attachment 3.1-B, Page 6

10. SUBJECT OF AMENDMENT:

Section 2302 of the Affordable Care Act: Concurrent Hospice Care for Children in Medicaid and CHIP

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:

16. RETURN TO:

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

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

14. TITLE: Secretary

15. DATE SUBMITTED: 09/24/13

**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 12/03/13.  
**Blocked #8 changed to read:** 3.1-A page 7, 3.1-B page 6 and 4.19-B Section 18 page 1.  
**Blocked #8 changed to read:** 3.1-A page 7, 3.1-B page 6 and 4.19-B Section 18 page 1.

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

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided:  No limitations  With limitations\*

Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided:  No limitations  With limitations\*

Not provided.

16. Inpatient psychiatric facility services for individuals under 21 years of age.

Provided:  No limitations  With limitations\*

Not provided.

Definition of services described in Appendix 2 to Attachment 3.1-A, page 1.

17. Nurse-midwife services.

Provided:  No limitations  With limitations\*

Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided:  No limitations  Provided in accordance with section 2302 of the Affordable Care Act

With limitations\*

\*Description provided on attachment.

State/Territory: North Carolina

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

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- c. Intermediate care facility services.  
 Provided:  No Limitations  With limitations\*\*
- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.  
 Provided:  No Limitations  With limitations\*
- b. Including such services in a public institution (or distinct art thereof) for the mentally retarded or persons with related conditions.  
 Provided:  No Limitations  With limitations\*
16. Inpatient psychiatric facility service for individuals under 21 years of age.  
 Provided:  No Limitations  With limitations\*
17. Nurse-midwife services.  
 Provided:  No Limitations  With limitations\*
18. Hospice care (in accordance with section 1905(o) of the Act).  
 Provided:  No limitations  Provided in accordance with section 2302 of the Affordable Care Act  
 With limitations\*

\*Description provided on attachment.

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TN. No. 13-007  
Supersedes  
TN. No. 00-23

Approval Date 12-16-13

Eff. Date 07/01/2013

HCFA ID: 0140P/0102A

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

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Payments for Medical and Remedial Care and Services

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18. Hospice Care (in accordance with section 1905(o) of the Act).

Hospice services are paid using the annual, federal Medicaid hospice payment rates. These federal rates are based on the methodology used in setting Medicare reimbursement rates adjusted to remove offsets for the Medicare co-insurance amounts, and with the following exceptions:

- There is no limit on overall aggregate payments made to a hospice agency by Medicaid.
- Payments to a hospice for inpatient care are limited in relation to all Medicaid payments to the agency for Hospice care. During the twelve month period beginning November 1 of each year and ending October 31, the aggregate number of inpatient days, inpatient respite and general inpatient, may not exceed 20 percent of the aggregate total number of days of Hospice care provided during the same time period for all the hospice's Medicaid patients. Hospice care provided for patients with acquired immune deficiency syndrome (AIDS) is excluded in calculating the inpatient care limit. The hospice refunds any overpayments to Medicaid.
- A hospice may be paid 95 percent of the long term care (SNF/ICF) room and board rate, in addition to the home care rate, for a nursing facility resident's Hospice care. The nursing facility may not bill Medicaid for the individual's care that duplicates Hospice Services.
- Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1e of the State Plan.

TN No. 13-007  
Supersedes  
TN No. 09-011

Approval Date: 12-16-13

Effective Date: 07/01/2013