

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 14-0034

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

January 13, 2017

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 14-0034

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0034 (HIT) that was submitted to CMS on September 30, 2014. This amendment originally proposed implementing a 1 percent rate reduction and rate freeze for subsequent years. After intensive collaboration with CMS, the State removed the 1 percent rate reduction and revised the SPA pages to clarify that this program will be reimbursed via the North Carolina Medicaid fee schedule in effect at a given point in time.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0034. This SPA was approved on January 13, 2017. The effective date of this amendment is January 1, 2015. 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 Michelle White at (404) 562-7328, or Donald Graves at 919-828-2999.

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:
14-0342. 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**
January 1, 20155. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 414.200

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 (\$36,640)

b. FFY 2016 (\$48,853)

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:Attachment 4.19-B, Supplement 1, page 2 and Attachment 4.19-B,
Supplement 1, page 2a.9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Supplement 1, page 2.

10. SUBJECT OF AMENDMENT:

Home Infusion Therapy (HIT) Program

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:

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: 09/30/14

18. DATE APPROVED:
01-13-17**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with following changes to block 7, 8 and 9.

Block # 7 changed to read: 7a FFY 2015 \$0 and 7b FFY 2016 \$0.

Block # 8 changed to read: Attachment 4.19-B, Section 7, page 5; Attachment 4.19-B, Supplement 1, page 2.

Block # 9 changed to read: Attachment 4.19-B, Section 7, page 5; Attachment 4.19-B, Supplement 1, page 2.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

C. HOME INFUSION THERAPY- (HIT)

In-home parental and enteral therapy supplies are reimbursed at the lower of billed customary charges or the comparable Durable Medical Equipment (DME) maximum allowable amount. The maximum fees are set at the Medicaid fee schedule in effect on July 1, 2012. All rates are published on the website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

Rates for added supplies shall be at Medicare Part B fees if no DME rate exists. If comparable Medicare fees are not available, fees will be based on average charges and updated each September 1 based on the forecast of the Gross National Product Implicit Price Deflator

TN. No.: 14-034
Supersedes
TN. No.: 06-011

Approval Date: 01-13-17

Effective Date: 01/01/2015

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

Payments for Medical and Remedial Care and Services

INTENTIONALLY LEFT BLANK

TN No. 14-034

Supersedes

TN No. 13-025

Approval Date: 01-13-17

Eff. Date: 01/01/2015