

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 26-0003**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 13, 2026

Jay Ludlam  
Deputy Secretary  
Division of Medical Assistance  
2001 Mail Service Center  
1985 Umstead Drive  
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) - 26-0003

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0003. This amendment proposes to list Physician Assistants, Nurse Practitioners, and Clinical Nurse Specialists as allowable providers to authorize home health services under a plan of care authorized in accordance with 42 CFR 440.70 and Section 3708 of the CARES Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that North Carolina's Medicaid SPA TN 26-0003 was approved on February 13, 2026, with an effective date of July 01, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the North Carolina State Plan.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at [Morlan.Lannaman@cms.hhs.gov](mailto:Morlan.Lannaman@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Kathryn Horneffer, NC DHHS Ashley Blango, NC DHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 3

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 26 \$ 0  
b. FFY 27 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A.1 Page 13  
Attachment 3.1-A.1 Page13a.1  
Attachment 3.1-A.1 Page13a.2  
Attachment 3.1-A.1 Page13a.3  
~~Attachment 3.1-A.1 Page13a.4~~

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 3.1-A.1 Page 13  
Attachment 3.1-A.1 Page13a.1  
Attachment 3.1-A.1 Page13a.2  
Attachment 3.1-A.1 Page13a.3  
~~Attachment 3.1-A.1 Page13a.4~~

9. SUBJECT OF AMENDMENT

Home Health Services

10. 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

11. SIGNATURE OF STATE AGENCY OF

12. TYPED NAME

Jay Ludlam

13. TITLE

Deputy Secretary

14. DATE SUBMITTED

01/14/26 | 11:56 AM EST

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED

01/26/2026

17. DATE APPROVED

02/13/2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2026

19.

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

North Carolina authorized Pen and Ink to update Boxes 7 and 8 with the following:

1. Add Attachment 3.1-A.1 Page13a.1 (Missing Page)
2. Remove Attachment 3.1-A.1 Page 13a.4

7. Home Health

Home health services are provided by Medicare certified Home Health Agencies under a plan of care authorized by the patient's physician, nurse practitioner, clinical nurse specialist or physician assistant and in accordance with 42 CFR 440.70. Covered home health services include nursing services, services of home health aides, specialized therapies (speech therapy, physical therapy, occupational therapy) and medical supplies, equipment and appliances.

a. Intermittent or Part-Time Nursing Services Furnished by a Medicare certified Home Health Agency.

- (1) Care which is furnished only to assist the patient in meeting personal care needs is not covered.
- (2) Intermittent or part-time nursing service by a registered nurse when no home health agency exists in the area is limited to a registered nurse employed by or under contractual arrangement with a local health department or an Indian Health Service/Tribal provider.

7. Home Health (*continued*)

- c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place in accordance with 42 CFR 440.70(b)(3).

1) Medical Supplies

Medical supplies are covered when medically necessary and suitable for use in any setting in which normal life activities take place, as defined at § 440.70(c)(1).

Medical supplies must be prescribed by a physician, nurse practitioner, clinical nurse specialist or physician assistant under an approved plan of care. Providers must be certified to participate in Medicare as a ME supplier or be a Medicaid enrolled home health agency.

7. Home Health *(continued)*

- c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place in accordance with 42 CFR 440.70(b)(3).

2) Medical Equipment

Medically necessary medical equipment (ME) is covered by the Medicaid program when prescribed by a physician, nurse practitioner, clinical nurse specialist or physician assistant. Prior approval must be obtained from the Division of Medical Assistance, or its designated agent.

Providers must be certified to participate in Medicare as a ME supplier, or be a Medicaid enrolled home health agency.

Only items determined to be medically necessary, effective and efficient are covered.

7. Home Health (*continued*)

- c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place in accordance with 42 CFR 440.70(b)(3).

3) Home Infusion Therapy

Self-administered Home Infusion Therapy (HIT) is covered when it is medically necessary and provided through a Medicaid enrolled HIT agency as prescribed by a physician, nurse practitioner, clinical nurse specialist or physician assistant. "Self-administered" means that the patient and/or an unpaid primary caregiver is capable, able, and willing to administer the therapy following teaching and with monitoring. An agency must be a home care agency licensed in North Carolina for the provision of infusion nursing services to qualify for enrollment as a Home Infusion Therapy Provider.

The following therapies are included in this coverage when self-administered:

- i. Total parenteral nutrition
- ii. Enteral nutrition
- iii. Intravenous chemotherapy
- iv. Intravenous antibiotic therapy
- v. Pain management therapy, including subcutaneous, epidural, intrathecal, and intravenous pain management therapy