

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 21-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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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March 28, 2022

Dave Richard  
Deputy Secretary, NC Medicaid  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, NC 27699-2501

Re: North Carolina State Plan Amendment (SPA) 21-0020

Dear Mr. Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0020. This amendment proposes to revise the North Carolina Point of Sale reimbursement policies and titles, and to allow North Carolina licensed and certified clinical pharmacist practitioners to administer services within the scope of their practice.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that North Carolina Medicaid SPA 21-0020 was approved on March 25, 2022 with an effective date of October 1, 2021.

If you have any questions, please contact William Pak at (404) 562-7407 or via email at [William.Pak@cms.hhs.gov](mailto:William.Pak@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Division of Program Operations

cc: Melanie Bush  
Emma Sandoe  
Betty Staton  
Cecilia Williams

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

1. TRANSMITTAL NUMBER  
2 1 — 0 0 2 0

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  
October 1, 2021

5. FEDERAL STATUTE/REGULATION CITATION  
SL 2019-21 / HB 833 (2019 revisions to NCGS 90-85.15B)


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 22 \$ 0  
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A.1, Page 12c  
Attachment 4.19-B, Section 12, Page 1b  
Attachment 4.19-B, Section 12, Page 1c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1-A.1, Page 12c  
Attachment 4.19-B, Section 12, Page 1b  
Attachment 4.19-B, Section 12, Page 1c

9. SUBJECT OF AMENDMENT  
Pharmacist Administered Vaccines and Other Injectables

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 OFFICIAL  


12. TYPED NAME  
Mandy Cohen, MD, MPH

13. TITLE  
Secretary

14. DATE SUBMITTED  
12/28/2021

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

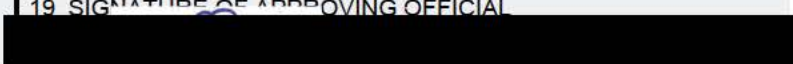
**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 28, 2021

17. DATE APPROVED  
March 25, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2021

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS  
Pen and ink changes made to Box 7 and Box 8 with approval of the state on March 15, 2022 to add Attachment 4.19-B, Section 12, Pages 1b and 1c.

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6.d. Other Practitioners' Services:

Pharmacist

North Carolina licensed pharmacists and designated employed by North Carolina registered and Medicaid enrolled pharmacies may administer services 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.

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**12. Vaccines**

**Immunizing Pharmacists (means a licensed pharmacist and/or designees under State or federal law) may administer vaccinations or immunizations only if the vaccinations or immunizations are recommended or required by the Centers for Disease Control and Prevention and any other vaccinations approved by the United States Food and Drug Administration in accordance with the protocols established by the Advisory Committee on Immunization Practices.**

**Pharmacies are reimbursed for administering vaccinations or immunizations at the same rate implemented for the Physician Program under Attachment 4.19-B, Section 5, Page 1.**

**Pharmacies are reimbursed for vaccines recommended or required by the Centers for Disease Control and Prevention and any other vaccinations approved by the United States Food and Drug Administration in accordance with the protocols established by the Advisory Committee on Immunization Practices which are not provided free of charge or paid for by other parties, at the same rate implemented for the Physician Administered Drug Program (PADP) under Attachment 4.19-B, Section 12, Page 2.**

**Indian health care provider (means a health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal, or Urban Indian will be reimbursed for covered outpatient drugs using the ingredient reimbursement methodology located in Attachment 4.19-B, Section 12, Pages 1a.2(h) and 1a.2a(h)., excluding vaccines and immunizations.**

**12. Long-Acting Injectables**

**An immunizing pharmacist and/or designees may administer a long-acting injectable medication or other injectable medications pursuant to a specific prescription or protocol.**

**Effective October 1<sup>st</sup>, 2021, Pharmacies are reimbursed for the administration of long-acting injectable medications permitted per Federal and/or State legislation, and NC Medicaid Medical and Pharmacy Directors approval within the scope of their practice at the same rate implemented for the Physician Program under Attachment 4.19-B, Section 5, Page 1.**

**Effective February 1<sup>st</sup>, 2022, Pharmacies are reimbursed for the administration of other medications permitted per Federal and/or State legislation, and NC Medicaid Medical and Pharmacy Directors approval within the scope of their practice at the same rate implemented for the Physician Program under Attachment 4.19-B, Section 5, Page 1.**

**Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private Pharmacy providers and the fee schedule and any annual/periodic adjustments to the fee schedules are published on the NC Division of Health Benefits Website.**

**The agency's fee schedule administration rates are effective for services provided on or after that date.**

**Rates are published on the website at <https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-services-fee-schedules>**

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12. **COVID-19 IMMUNIZATIONS, MONOCLONAL ANTIBODIES, AND OTHER SELECTED THERAPEUTIC OPTIONS, INCLUDING IM, SQ, AND ORAL THERAPIES**

Immunizing Pharmacist (means a licensed pharmacist under State or federal law) to administer influenza vaccines and/or COVID-19 immunizations, monoclonal antibodies, and other selected therapeutic options, including IM, SQ, and oral therapies.

When supervised by an immunizing pharmacist, pharmacy interns and pharmacy technicians who have completed immunization-related continuing pharmacy education approved by the Accreditation Council for Pharmacy Education may administer an influenza vaccine and/or COVID-19 immunizations, monoclonal antibodies, and other selected therapeutic options, including IM, SQ, and oral therapies

Pharmacies are reimbursed for the administration of influenza vaccines and/or COVID-19 immunizations, monoclonal antibodies, and other selected therapeutic options, including IM, SQ, and oral therapies at the same rate implemented for the Physician Program under Attachment 4.19-B, Section 5, Page 1.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private Pharmacy providers and the fee schedule and any annual/periodic adjustments to the fee schedules are published on the NC Division of Health Benefits Website.

The agency's fee schedule rates are effective for services provided on or after that date.

Rates are published on the website at <https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-services-fee-schedules>.

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TN No.: 21-0020  
Supersedes  
TN No.: 20-0015

Approval Date: 03-25-2022

Effective Date: 09-01-2021