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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0046

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

November 28, 2023

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

Re: North Carolina State Plan Amendment (SPA) 23-0046

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number 23-0046. This amendment proposes to increase the limitations on Outpatient Therapy Services for adults (excluding EPDST eligibles) to the following (the current visit limit is 27 combined for all three services):

- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy habilitative services.
- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy rehabilitative services.
- A total maximum of 30 treatment visits per calendar year for speech therapy habilitative services.
- A total maximum of 30 treatment visits per calendar year for speech therapy rehabilitative services.

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's SPA 23-0046 was approved on November 28, 2023, with an effective date of December 1, 2023.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Emma Sandoe, NC DHHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 4 6</u>	2. STATE <u>NC</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 01, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 45 CFR 156.115(a)(5)(ii), (iii), 42 CFR 440.230 (d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>21,018</u> b. FFY <u>25</u> \$ <u>28,281</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 3a Attachment 3.1-A Page 4 Attachment 3.1-A.1 Page 13a.4 Attachment 3.1-A.1 Page 13e (NEW) Attachment 3.1-B Page 3 and Page 4 Attachment 4.19-B , Section 7, Page 1 Attachment 4.19-B, Section 6, page 1f (NEW)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 3a Attachment 3.1-A Page 4 Attachment 3.1-A.1 Page 13a.4 Attachment 3.1-B Page 3 Attachment 4.19-B , Section 7, Page 1 Attachment 3.1-B Page 4	

9. SUBJECT OF AMENDMENT
Outpatient Specialized Therapy Services – Adult Visit Limit

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. S [REDACTED] AGENCY OFFICIAL	15. RETURN TO Office of the Deputy Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
12. TYPED NAME Jay Ludlam	
13. TITLE Deputy Secretary	
14. DATE SUBMITTED 11/17/23 5:01 PM EDT	

FOR CMS USE ONLY

16. DATE RECEIVED 11/14/2023	17. DATE APPROVED 11/28/2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 12/01/2023	19. SIGNATURE OF APPROVING OFFICIAL [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
North Carolina authorized pen and ink change to update the CMS 179 to include 3.1-B Page 4.

State/Territory: North Carolina

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

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

Not provided.

8. Private duty nursing services.

Provided: No limitations With limitations*

Not provided.

* Description provided on attachment.

TN No: 23-0046

Supersedes

TN No: 92-01

Approval Date: 11/28/2023

Effective Date: 12/01/2023

HCFA ID: 7986E

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

9. Clinic services.

Provided: No limitations With limitations*

Not provided.

10. Dental services.

Provided: No limitations With limitations*

Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations*

Not provided.

b. Occupational therapy.

Provided: No limitations With limitations*

Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Provided: No limitations With limitations*

Not provided.

* Description provided on attachment. See 3.1-A.1

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TN No: 23-0046
Supersedes
TN No: 09-011

Approval Date: 11/28/2023

Effective Date: 12/01/2023

11. Physical Therapy and related services

Outpatient Therapy Providers for Non-EPSTD Eligibles:

North Carolina licensed physical therapists, occupational therapists and speech language pathologists who provide services to beneficiaries aged 21 and older. EPSTD eligibles are excluded from visit limits.

- a. Scope: Provide medically necessary physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders as defined in 42 CFR 440.110.
- b. Amount: A beneficiary can receive rehabilitative and habilitative visits specified as follows:
 - A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy habilitative services.
 - A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy rehabilitative services.
 - A total maximum of 30 treatment visits per calendar year for speech therapy habilitative services.
 - A total maximum of 30 treatment visits per calendar year for speech therapy rehabilitative services.

TN No: 23-0046
Supersedes
TN No: NEW

Approval Date: 11/28/2023 Effective Date: 12/01/2023

State/Territory: North Carolina

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

6. 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.

a. Podiatrists' Services

Provided: No Limitations With Limitations*

b. Optometrists' Services

Provided: No Limitations With Limitations*

c. Chiropractors' Services

Provided: No Limitations With Limitations*

d. Other Practitioners' Services

Provided: No Limitations With Limitations*

Nurse Practitioner criteria described in Appendix 5 of Att. 3.1-A.

Clinical Pharmacist Practitioner criteria described in Attachment 3.1-A.

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No Limitations With Limitations*

b. Home health aide services provided by a home health agency.

Provided: No Limitations With Limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No Limitations With Limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No Limitations With Limitations*

*Description provided on attachment.

State/Territory: North Carolina

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

-
8. Private duty nursing services.
 Provided: No Limitations With limitations*
9. Clinic services.
 Provided: No Limitations With limitations*
10. Dental services.
 Provided: No Limitations With limitations*
11. Physical therapy and related services.
a. Physical therapy.
 Provided: No Limitations With limitations*
- b. Occupational therapy.
 Provided: No Limitations With limitations*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
 Provided: No Limitations With limitations*
12. Prescribed drugs, dentures, prosthetic devices and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.
a. Prescribed drugs.
 Provided: No Limitations With limitations*
- b. Dentures
 Provided: No Limitations With limitations*

*Description provided on attachment.

TN. No: 23-0046
Supersedes
TN. No: 04-015

Approval Date: 11/28/2023

Eff. Date: 12/01/2023
HCFA ID: 0140P/0102A

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Stand Alone Therapy Services

Stand Alone Therapy Services provide medically necessary physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders as defined in 42CFR 440.110.

Stand alone therapy is paid at the same rate as therapy services provided on Attachment 4.19-B Section 6, page 1d.

- (1) Physical Therapy Visit;
- (2) Speech Therapy Visit;
- (3) Occupational Therapy visit;

TN. No. 23-0046
Supersedes
TN. No. NEW

Approval Date: 11/28/2023

Effective Date: 12/01/2023

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

7. HOME HEALTH SERVICES

The rates for home health services were set as of July 1, 2012 and are effective for Services provided by Medicare certified home health agencies participating in the North Carolina Medicaid Program on or after that date. All rates are published on the website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

A. REIMBURSEMENT METHODS FOR CERTIFIED HOME HEALTH AGENCIES

8. A maximum rate per visit is established annually for each of the following services:

- (1) Registered or Licensed Practical Nursing Visit;
- (2) Home Health Aide Visit

(b) The maximum rate for new services identified in Section (a) above are computed and applied as follows: