

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



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November 14, 2011

Craigan Gray, M.D., M.B.A., J.D.  
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 11-043

Dear Dr. Gray:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 11-043 that was received in the Regional Office on August 18, 2011. The amendment eliminates low dose subcutaneous tocolytic therapy.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 11-043. This SPA was approved on November 10, 2011. The effective date of this amendment is August 31, 2011. We are enclosing the approved form HCFA-179 and plan pages.

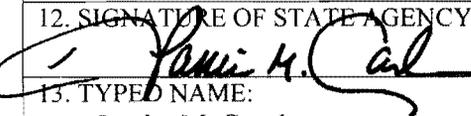
If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>11-043</b>	2. STATE  <b>NC</b>
		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  <b>August 31, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR Part 440.70		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 b. FFY 2013 \$ 0	
8. PAGE NUMBER OF THE PLAN, SECTION OR ATTACHMENT:  Attachment 3.1-A.1, Page 13a.3 and Attachment 4.19-B, Section 7, Page 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A.1, Page 13a.3 and Attachment 4.19-B, Section 7, Page 11	
10. SUBJECT OF AMENDMENT:  Tocolytic Infusion Therapy			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Lanier M. Cansler			
14. TITLE: Secretary			
15. DATE SUBMITTED: 8/17/11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 08/18/11		18. DATE APPROVED: 11/10/11	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/31/11		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

7. Home Health (*continued*)

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

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. "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

MEDICAL ASSISTANCE  
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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IV. General

Rates for supplies and equipment shall be consistent among the HIT, Home Health (HH), and DME programs, as referenced in Attachment 4.19-B, Section 7.

If, as of September 1, 2006, a rate for an individual supply or equipment usage/purchase is different in either HH or HIT from the DME rate, the DME rate will be used unless the DME rate is the lower rate. In that case, no rate increases will be applied to the item in either HIT or HH until the DME rate is equal or greater than the rate of HH or HIT in effect on September 1, 2006. Once the DME rate for the item exceeds the existing rate for HIT or HH, those programs will adopt the DME rate.

All public and private providers are paid in accordance with the same published fee schedule as provided on the NC Division of Medical Assistance Web site @ <http://www.ncdhhs.gov/dma/fee/fee.htm>.

There will be no retroactive payment adjustments for fee changes.

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TN. No.: 11-043  
Supersedes  
TN. No.: 06-011

Approval Date: 11-10-11

Effective Date: 08/31/2011