

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State North Carolina

Citation
 42 CFR 431.610
 AT-78-90
 AT-80-34

4.11 Relations with Standard-Setting and
 Survey Agencies

(a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare irresponsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the Department of Health

and Human Services

(b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are) : the Department of Health and

Human Services

(c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 00-03
 Supersedes
TN# 74-13

Approval Date Aug 02 2000

Effective Date 04/01/00

Revision: HCFA-AT-80-38 (BPP)
 May 22, 1980

State North Carolina

Citation
 42 CFR 431.610
 AT-78-90

4.11(d)

The Department of Health and
 Human Services (agency)

AT-89-34

which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e),(f) and (g) are met.

TN # 00-03
 Supersedes
 TN # 74-13

Approval Date Aug 02 2000

Effective Date 04/01/00

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State North Carolina

Citation
42 CFR 431.105 (b)
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b).

Yes, as listed below:

Not applicable. Similar services are not provided to other types of medical facilities.

TN # 73-45
Supersedes
TN # _____

Approval Date 7/19/74

Effective Date 10/1/73

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938--

State/Territory: North Carolina

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483, 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

____ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

Supersede
TN No. 88-3

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

45(a)

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: North Carolina

Citation

1902(a)(58)
1902(w)

- 4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:
- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102) and health insuring organizations are required to do the following:
- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

TN No. 03-04
Supersedes
TN No. 91-50

Approval Date: **NOV 18 2003**

Effective Date 8/13/2003
HCFA ID: 7982E

Revision: HCFA-PM-91-9 (MB)
October 1991

OMB No.:

State/Territory: North Carolina

statutory or recognized by the courts)
concerning advance directives; and

- (a) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
 - (a) Hospitals at the time an individual is admitted as an inpatient.
 - (b) Nursing facilities when the individual is admitted as a resident.
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

___ Not applicable. No State law or court decision exist regarding advance directives.

TN No. 03-04
Supersedes
TN No. 91-50

Approval Date: **NOV 18 2003**

Effective Date: 8/13/2003
HCFA ID: 7982E

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

<u>State/Territory: North Carolina</u>	
<u>Citation</u>	4.14 <u>Utilization/Quality Control</u>
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR part 456 are met:
	<u>X</u> Directly
	By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--
	(1) Meets the requirements of 434.6(a);
	(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
	(3) Identifies the services and providers subject to PRO review;
	(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
	(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
1932 (c)(2) and 1902(d) of the ACT, P.L. 99-509 (Section 9431)	<u>X</u> A qualified External Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E, each managed care organization, prepaid inpatient health plan and health insuring organization under contract except where exempted by the regulation.

TN No. 03-04

Supersedes

TN No. 92-12

Approval Date: **NOV 18 2003**

Effective Date 8/13/2003

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: _____ OMB No. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

___ All hospitals (other than mental hospitals).

___ Those specified in the waiver.

x No waivers have been granted.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q. ACTION DATE 5-29-86 EFF. DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date April 1, 1986

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3
MAY 1985

(BERC)

OMB NO. 0938-0193

State: _____

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

___ All mental hospitals.

___ Those specified in the waiver.

___ No waivers have been granted.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q.ACTION DATE 5-29-86 EFF. DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes Approval Date _____ Effective Date _____
TN No. _____

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3
MAY 1985

(BERC)

OMB NO. 0938-0193

State: _____

Citation
42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

___ All skilled nursing facilities.

___ Those specified in the waiver.

x No waivers have been granted.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q.ACTION DATE 5-29-86 EFF.DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

OMB NO. 0938-0193

State: _____

Citation
42 CFR 456.2
50 FR 15312

4.14 x (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

_____ Facility-based review.

_____ Direct review by personnel of the medical assistance unit of the State agency.

 X Personnel under contract to the medical assistance unit of the State agency.

_____ Utilization and Quality Control Review organizations.

_____ Another method as described in ATTACHMENT 4.14-A.

_____ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

_____ Not applicable. Intermediate care facility services are not provided under this plan.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q.ACTION DATE 5-29-86 EFF. DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

HCFA ID: 0048P/0002P

Revision: HCFA-PM-92-2 (HSQB)
MARCH 1992

State/Territory: North Carolina

Citation

4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part
456 Subpart
I, and
1902(a)(31)
and 1903(g)
of the Act

___ The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

___ ICFs/MR;

___ Inpatient psychiatric facilities for recipients under age 21; and

___ Mental Hospitals.

42 CFR Part
456 Subpart
A and
1902(a)(30)
of the Act

x All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

___ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

___ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

___ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

TN No. 92-29
Supersedes
TN No. 76-10

Approval Date DEC 30 1992 Effective Date 10/1/92

HCFA ID:

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State North Carolina

Citation
42 CFR 431.615(c)
AT-78-90

4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 74-25
Supersedes
TN # _____

Approval Date 8/19/74

Effective Date 7/1/74

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

Citation

42 CFR 433.36(c)
1902(a)(18) and
1917(a) and (b) of
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

_____ The State imposes liens against an individual's real property an account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36(c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

_____ The State imposes liens on real property on account of benefits incorrectly paid.

_____ The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

_____ The State imposes liens on both real and personal property of an individual after the individual's death.

TN No. 96-02
Supersedes
TN No. 83-01

Approval Date 9-28-96

Effective Date 10-01-94

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.
- X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
- (2) x The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under 1917(a)(1)(B) (even if it does not impose those liens).
- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.
- X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

There is no additional recovery for provided Medicaid services.

TN No. 10-039
Supersedes
TN No. 96-02

Approval Date: 03-25-11

Effective Date 10/01/2010

Revision: HCFA-PM-95-3 (MB) MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

4.17 Liens and Adjustments or Recoveries

(b) Adjustments or Recoveries

(3) (continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

- (i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.
- (ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

TN No. 10-039
Supersedes
TN No. NEW

Approval Date: 03-25-11

Effective Date: 10/01/2010

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

(4) The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.

The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy--based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

The State Adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

1917(b)1(c) If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR 433.36(h)-(i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

TN No. 96-02
Supersedes
TN No. New

Approval Date: 9-28-96

Effective Date 10-01-94