

Revision: HCFA-PM-93-1 (BPO)
January 1993

State/Territory: North Carolina

Citation

Secs.

1902(a)(28)(D)(j)
and 1919(e)(7) of
the Act;

P.L. 100-203

(Sec. 4211(c));

P.L. 101-508

(Sec. 4801(b)).

4.39 Preadmission screening and Annual
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- X (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 94-30

Supersedes

TN No. _____

Approval Date NOV 30 1994

Effective Date 7/1/94

Revision: HcFA-PM-3-1
January 1993

(BPD)

State/Territory: North Carolina

4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

Revision: HCFA-PM-92-3 (HSQB)
APRIL 1992

State Territory North Carolina

<u>Citation</u>	4.40	<u>Survey & Certification Process</u>
Sections 1919(g)(1) thru (2) and 1919(g)(4) thru (5) of the Act P.L. 100-203 Sec. 4212(a))		(a) The State assures that the requirements or 1919(g)(1)(A) through (C) and section 1919(q)(2) (A) through (E)(i.11) of the Act which relate to the survey and (certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.
1919(g)(1) (B)(C) of the Act		(b) The State conducts periodic education programs for staff and residents (and their representatives). <u>Attachment 4.40-A</u> describes the survey and certification educational program.
1919(g)(1) (C) of the Act		(c) The state provides for a process receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. <u>Attachment 4.40-B</u> describes the State's process.
1919(g)(1) (C) of the Act		(d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. if not the State survey agency, what agency?
1919(g)(1) (C) of the Act		(e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
1919(g)(1) (C) of the Act		(f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

TN No. 92-25
Supersedes
92
TN No. New

Approval Date AUG 27 1992

Effective Date 04-01-

HCFA ID: _____

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

OMB NO:

State/Territory: North Carolina

- 1919(g)(2)
for a
(A)(i) of
the Act
- (g) The State has procedures, as provided section 1919(g) (2) (A) (i) , for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State, procedures
- 1919(g)(2)
have
(A) (ii) of
case-
the Act
of
- (h) The State assures that each facility shall a standard survey which includes (for a mix stratified sample of residents) a survey the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)
average
(A)(ii)(I)
nursing
of the Act
- (i) The State assures that the Statewide interval between standard surveys of facilities does not exceed 12 months.
- 1919(g)(2)
or
(A) (iii) (ii)
of the Act
- (j) The state may conduct a special standard special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)
immediately
(B) of the
weeks
Act
- (k) The State conducts extended surveys or, if not practicable, not later than 2 following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)
(C) of the
survey
Act
- (l) The state conducts standard and extended surveys based upon a protocol, i.e., forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

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Supersedes
TN No. New

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HCFA ID: _____

Revision: HCFA-PM-92- 3
APRIL 1992

(HSQB)

OMB No:

State/Territory: North Carolina

- 1919(g)(2)
(D) of the
Act (m) The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. Attachment 4.40-D describes the State's programs.
- 1919(g)(2)
(E)(i) of
the Act (n) The State uses a multidisciplinary team of professionals including a registered professional nurse.
- 1919(g)(2)
(E)(ii) of
the Act (o) The State assures that member of a survey team do not serve (or have not serve within the previous two years) an a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
- 1919(g)(2)
(E)(iii) of
the Act (P) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
- 1919(g)(4)
of the Act (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4-40-E describes the State's complaint procedures.
- 1919(g)(5)
(A) of the
Act (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
- 1919(g)(5)
(B)(3) of the
Act (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
- 1919(g)(5)
(C) of the
attending
Act (t) If the State finds substandard quality of care in a facility, the State notifies the physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
- 1919(g)(5)
and
(D) of the
Act (u) The State provides the state Medicaid fraud abuse agency access to all information concerning survey and certification actions.

TN No. 92-25
Supersedes
TN No. New

Approval Date AUG 27 1992Effective Date 04-01-92

HCFA ID: _____

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

State/Territory: North Carolina

<u>Citation</u>	4.41 <u>Resident Assessment for Nursing Facilities</u>
Sections 1919(b)(3) and 1919 (e)(5) of the Act	(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919 (b)(3)(A) of the Act.
1919(e)(5) (A) of the Act	(b) The State is using: <u> x</u> the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal 241 of the <u>State Operations Manual</u>) (§1919(e)(5)(A)); or
1919(e)(5) (B) of the Act	<u> </u> a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the <u>State Medicaid manual</u> for the Secretary's approval criteria) [§1919 (e)(5)(B)] .

TN No. 92-29

Supersedes

Approval Date DEC 30 1992

Effective Date 10/1/92

TN No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

Citation
1902(a)(68) of
the Act,
P.L. 109-171

4.42 Employee Education about False Claims Recoveries
(a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

1 Definitions.

(A) An “entity” includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an “entity”(e.g., a state mental

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

health facility or school district providing school-based health services.) A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

- (2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
- (5) The State will implement this State Plan amendment on January 1, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

TN. No.: 07-005

Supersedes

TN No.: New

Approval Date: 06/27/07

Effective Date: 01/01/07

State Plan Under Title XIX of the Social Security Act

State Territory: North Carolina

<u>Citation</u> 42 USCS 1396a(69) P.L. 109-171 (section 6034)	4.43	<u>Cooperation with Medicaid Integrity Program Efforts</u> The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established pursuant to 42 USCS 1396u-6.
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TN. No. 08-008
Supersedes
TN. No. NEW

Approval Date: 08/15/08

Effective Date: 07/01/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

Citation

4.5 Medicaid Recovery Audit Contractor Program

Section 1902
(a)(42)(B)(i)
Social Security Act

X The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State Plan and under any waiver of the State Plan.

___ The State is seeking an exception to establishing such program for the following reasons:

Section 1902
(a)(42)(B)(ii)(I)
of the Act

X The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.

Place a check mark to provide assurance of the following:

X The State will make payments to the RAC(s) only from amounts recovered.

X The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.

Section 1902
(a)(42)(B)(ii)
(II)(aa)of the Act

The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):

X The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.

___ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.

TN. No. 10-037

Supersedes

Approval Date: 02-15-11 Effective Date: 12/10/2010

TN. No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

	_____	The contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	<u>X</u>	The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): \$30.00 flat fee per overpayment identified.
Section 1902 (a)(42)(B)(ii)(III) of the Act	<u>X</u>	The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	<u>X</u>	The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or a waiver of the plan.
Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act	<u>X</u>	The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act	<u>X</u>	Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or wavier in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.

TN. No. 10-037

Supersedes

Approval Date: 02-15-11 Effective Date: 12/10/2010TN. No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside the United States.

Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X The state shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside the United States.

TN. No. 11-009

Supersedes

TN. No. NEW

Approval Date _____

Eff. Date 06/01/2011

HCFA ID:

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

State North Carolina

SECTION 5 PERSONNEL ADMINISTRATION

Citation 5.1 Standards of Personnel Administration

42 CFR 432.10(a)

AT-78-90

AT-79-23

AT-80-34

(a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

 x The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

TN #77-17
Supersedes
TN # _____

Approval Date 10/6/77

Effective Date 9/30/77

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

State North Carolina

5.2 [Reserved]

TN # _____
Supersedes _____
TN # _____

Approval Date _____

Effective Date _____

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

State North Carolina

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

TN #78-2
Supersedes
TN # _____

Approval Date 3/7/78

Effective Date 2/27/78

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

State North Carolina

SECTION 6 FINANCIAL ADMINISTRATION

Citation
42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

TN # 76-20
Supersedes
TN # _____

Approval Date 6/24/76

Effective Date 6/30/76

Revision: HCFA-AT-82-10 (BPP)

State North Carolina

Citation
42 CFR 433.34
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN # 82-10
Supersedes
TN # 76-20

Approval Date 8/23/82 Effective Date 5/24/82

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

State North Carolina

Citation
42 CFR 433.33
AT-79-29
AT-80-34

6.3 State Financial Participation

- (a) State funds are used in both assistance and administration.

_____ State funds are used to pay all of non-Federal share of total expenditures under the plan.

x There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

- (b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN #76-20
Supersedes
TN # _____

Approval Date 6/24/76

Effective Date 6/30/76

Revision: HCFA-PM-91- 4 (BPD) OMB No. 0938-
AUGUST 1991

State/Territory: North Carolina

SECTION 7 - GENERAL PROVISIONS

Citation 7.1 Plan Amendments

42 CFR 430.12(c) The plan will be amended whenever
necessary to reflect new or revised Federal
statutes or regulations or material change in
State law, organization, policy or State agency
operation.

TN No. 92-01
Supersedes Approval Date 10-21-92 Effective Date 1/1/92
TN No. 78-11

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

HCFA ID: 7982E
OMB No. 0938

State/Territory: North Carolina

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A

TN No. 92-01
Supersedes
TN No. 79-9

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: _____

Citation 7.3 Maintenance of AFDC Efforts

1902 (c) of the Act _____ The State agency has in effect under its approved AFDC plan payment levels that are equal to or more than the AFDC payment levels in effect on May 1, 1988.

TN #00-03
Supersedes
TN #78-11

Approval Date Aug 02 2000 Effective Date 04/01/00

HCFA ID: 7982E

Revision: HCFA-PH-91-4 (BPD)
August 1991

OMB No. 0938

State/Territory: North Carolina

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

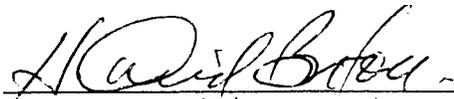
The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

- Not applicable. The Governor--
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.
- Review is not required in accordance with 42 CFR 430.12(b).

I hereby certify that I am authorized to submit this plan on behalf of

The Department of Health and Human Services
(Designated Single State Agency)

Date: March 24, 2000


(Signature)

H. David Bruton, M.D., Secretary
(Title)

TN No. 00-03
Supersedes
TN No. 94-22

Approval Date Aug 02 2000

Eff. Date 04/01/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina4.46 **Provider Screening and Enrollment**

This document outlines how the Medicaid agency establishes procedures under which screening is conducted with respect to providers of medical or other items or services and suppliers under Medicare, Medicaid, and CHIP, including requirements to comply with the process of screening providers and suppliers and imposing temporary enrollment moratoria for the Medicaid program as established by the Secretary under 1866(j)(2) and (7) of the Act.

Beginning with 2012, all participating Medicaid providers will be screened upon initial application, including applications for a new practice location, and any applications received in response to a request for re-enrollment. Screening will also be performed for a provider who is revalidated for enrollment. The required screening measures vary according to the provider's categorical risk level of "limited," "moderate" or "high."

The Medicaid agency will impose an application fee on each institutional provider "with respect to which screening is conducted," whenever the required screening (whether upon initial enrollment, reactivation, or reenrollment) occurs and these fees will be used to offset the cost of conducting the required screening.

The Medicaid agency will include the disclosure requirements as specified in 42 CFR 455.104, 455.105, and 455.106 in revalidation efforts.

The Medicaid agency will confirm the identity and determine the exclusion status of providers and any person with an ownership or controlling interest or who is an agent or managing employee of the provider through routine checks of Federal databases. The Medicaid agency will check the Social Security Administration's Death Master File, the National Plan and Providers Enumeration System, the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS), and any other databases as the Secretary may prescribe. States must consult these databases to confirm the identity of providers seeking enrollment and/or reenrollment in Medicaid programs or CHIP.

The Medicaid agency will determine which NPI number should be applied to the claim for payment if providers order or refer services for Medicaid or CHIP beneficiaries that are permitted under State law to order and/or refer services for Medicaid or CHIP beneficiaries but who do not have NPIs and who are not authorized to enroll as Medicaid or CHIP providers.

The Medicaid agency will comply with any temporary moratorium imposed by the Secretary unless the State determines that the imposition of such a moratorium would adversely impact beneficiaries' access to care.

TN. No.: 12-004
Supersedes
TN. No.: NEW

Approval Date: 06-26-12Eff. Date: 10/01/2012

State/Territory: NORTH CAROLINA

4.46 Provider Screening and Enrollment

Citation

1902(a)(77)
1902(a)(39)
1902(kk);
P.L. 111-148 and
P.L. 111-152

The State Medicaid agency gives the following assurances:

Citation
SubpartE

PROVIDER SCREENING

X Assures tha the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 19029(a)(77) and 1902 (kk) of the Act. Implementation date is October 1, 2012.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et. seq.

X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

X Assures that any reactivation of a provider will include re-screening and payment aof application fees as required by 42 CFR 455.460. Implementation date is October 1, 2012.

TN. No. 12-004
Supersedes
TN. No. NEW

Approval Date: 06-26-12

Eff.Date: 10/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NORTH CAROLINA**4.46 Provider Screening and Enrollment**

- 42 CFR 455.422 APPEAL RIGHTS
X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432 SITE VISITS
X Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.
Implementation Date October 1, 2012
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS
X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS
X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
Implementation Date October 1, 2012
- 42 CFR 455.460 APPLICATION FEE
X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.
Implementation Date October 1, 2012
- 42 CFR 455.470 TEMPORARY MORTATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1966(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN. No.: 12-004
 Supersedes
 TN. No.: NEW

Approval Date: 06-26-12Eff. Date: 10/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of North Carolina

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Department of Health and Human Services

is the single State agency responsible for:

___ administering the plan.

The legal authority under which the agency administers
the plan on a Statewide basis is

(Statutory citation)

X supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises
the administration of the plan on a Statewide basis is contained in

General Statutes 108A-25, 108A-54, 108A-54, 108A-56

(Statutory citation)

The agency's legal authority to make rules and regulations
that are binding on the political subdivisions administering
the plan is

General Statutes 108A-25 (b); 108A-54; 108A-70.5

(Statutory citation)

March 17, 2000
DATE

Gayl Manthei

Gayl Manthei
Special Deputy Attorney General
NC Department of Justice

TN No. 00-03

Approval Date Aug 02 2000

Eff. Date 04/01/00

Supersedes

TN No. 73-45

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance
State: North Carolina

Waivers of the Single State Agency Requirement Granted Under the Intergovernmental
Cooperation Act of 1968

- a. Waiver was granted on: 12-27-12.
- b. The organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to: Office of Administrative Hearings (OAH) (name of agency)
- c. The resources and/or services of such agency to be utilized in administration of the plan are described below:

The Office of Administrative Hearings will make final agency decisions in contested Medicaid beneficiary and provider appeals cases as defined in paragraphs (d)(1) and (d)(2) below.

- d. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The parties to this waiver acknowledge that the Division of Medical Assistance(DMA) delegates the authority to make final decisions regarding beneficiary and provider appeals cases as defined in paragraphs (d)(1) and (d)(2) below to the North Carolina Office of Administrative Hearings (OAH).

As a condition precedent for the State of North Carolina to receive federal financial participation for the functions authorized by this waiver of the single state agency requirement found at 42 C.F.R. § 431.10(e), the North Carolina Office of Administrative Hearings (“OAH”) must acknowledge and agree in writing that it will act as a neutral and impartial decision-maker on behalf of the North Carolina single state Medicaid agency in adjudicating contested Medicaid cases and that it will comply with all applicable federal and state laws, rules and regulations governing the Medicaid program.

In addition, OAH acknowledges and agrees that, except as allowed by law, enrolled Medicaid providers have no property or liberty right in initial or continued participation or enrollment in the North Carolina State Medicaid program.

OAH acknowledges and also agrees that the issue to be determined at final hearings conducted in accordance with this waiver is whether the single state Medicaid agency or one of its contractors or agents exceeded its authority or jurisdiction, acted erroneously, failed to use proper procedure, acted arbitrarily or capriciously, and/or failed to act as required by law or rule; that it will conduct *de novo* reviews in beneficiary.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance
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cases as set forth below; that it will cooperate with any and all federal or state audits, monitoring, or oversight necessary to substantiate that OAH expenditures are valid and reasonable; that it will assist DMA in tracking and reporting of Medicaid appeal decisions as required by law; and that it will comply with each of the following conditions of this waiver:

1. “Contested Medicaid beneficiary cases” are those in which a Medicaid beneficiary of the single state Medicaid agency or one of its contractors or agents denies, reduces, terminates or suspends (or alleges such a decision was not acted upon with reasonable promptness), a Medicaid-reimbursable service. In all contested Medicaid beneficiary cases, OAH shall dismiss appeals when the conditions described in 42 CFR §431.223 are present, as set forth in N.C.G.S. §108A-70.9B(b)(4).
2. In all contested cases in which an enrolled Medicaid provider, or provider applicant, is challenging any decision of the single state Medicaid agency which directly or indirectly affected the provider or applicant substantially in their person, property, or employment as described in N.C.G.S. §§ 150B-2(6) and 150B-23 (“contested Medicaid provider cases”), OAH shall agree to dismiss all appeals: (a) that are filed outside of the timeline set forth in N.C.G.S. § 150B-23(f); (b) where the petitioner fails to timely serve the single state Medicaid agency; and (c) where the petitioner fails to pay the filing fee. Further, OAH shall agree to dismiss or impose another sanction as provided by law, all appeals where either party fails to file a Prehearing Statement or respond to discovery prior to the hearing, or where either party fails to appear at a scheduled hearing without good cause.
3. Except where agreed to by the parties or for other good cause, OAH agrees to schedule, hear and issue decisions in contested Medicaid beneficiary cases within the time period set forth in 42 C.F.R. § 431.244(f) and N.C.G.S. § 108A-70.9B(b)(1).
4. OAH shall schedule, hear and issue decisions in contested Medicaid provider cases within 180 days of the date the appeal is filed with OAH, except that hearings in cases where OAH has issued a temporary restraining order (“TRO”), stay or injunction shall be expedited as soon as practicable. The time for the appeal process may be extended in the event of delays caused or requested by the single state Medicaid agency.
5. OAH shall only issue TROs, stays or injunctions to maintain the status quo in contested beneficiary and provider Medicaid cases when the petitioner meets the requirements contained in Rule 65 of the North Carolina Rules of Civil Procedure. Any TRO so issued shall be in effect for no longer than allowed by law and shall not be continued except as provided in Rule 65. In contested Medicaid

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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beneficiary cases, OAH shall issue TROs, stays or injunctions which require the single state Medicaid agency or a Local Management Entity operating a Prepaid Inpatient Health Plan in accordance with 42 CFR Part 438 (LME/PIHP) to continue an authorization for Medicaid-reimbursable service(s), or to authorize service(s) at any particular level or frequency, during the pendency of an appeal to the extent required to meet the requirements of 42 CFR 431.230.

DMA and OAH shall allow all parties' witnesses to appear and testify by telephone at hearings, including but not limited to any expert witnesses, unless good cause is shown to require in person appearance by specific witnesses.

6. When a continuance is necessary, OAH shall only grant requests filed by either party for good cause shown, and shall ensure that hearings are not unreasonably delayed.
7. In contested Medicaid cases, OAH shall issue decisions that are based on the evidence introduced before the record is deemed closed by the Administrative Law Judge.
8. To the extent allowed under Rule 32 of the North Carolina Rules of Civil Procedure, OAH may consider deposition testimony in addition to other allowable testimony as evidence at the hearing on the merits. Affidavits and deposition testimony may be permitted for use as evidence in hearings on motions for preliminary injunctive relief as allowed by law.
9. In contested Medicaid beneficiary cases, OAH shall issue decisions that are based on the evidence introduced before the record is deemed closed by the Administrative Law Judge and the applicable provision(s) of federal or state laws, rules and regulations supporting the decision in accordance with 42 CFR § 431.244 and N.C.G.S. § 108A-70.9B(f).
10. In all contested Medicaid provider cases, OAH may allow both sides to prepare and file proposed decisions within thirty (30) days of the date of the hearing, unless either party requests a transcript of the hearing, in which case proposed decisions shall be due within thirty (30) days of the date the transcript is prepared and served on the parties.
11. Subject to the provisions of Article 3 of Chapter 150B of the North Carolina General Statutes and N.C.G.S. § 108C, OAH shall timely issue decisions in contested Medicaid provider cases which include Findings of Fact and Conclusions of Law and are based on the evidence presented before the record is deemed closed by the Administrative Law Judge. If applicable to an issue in the case, such

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Medical Assistance

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decisions shall be based on the North Carolina State Plan for Medical Assistance and any amendments thereto or waivers therefrom which have been approved by CMS, properly promulgated DMA medical coverage policies, and any applicable federal and state laws, court decisions, rules, and regulations.

12. Subject to applicable law, OAH shall require in the absence of good cause that all discovery be completed at least thirty (30) days prior to the scheduled hearing date, shall comply with the North Carolina Rules of Civil Procedure in contested Medicaid provider cases, and may limit discovery in such cases to provide for the prompt disposition of the contested case and to ensure that the burden or expense of the proposed discovery does not outweigh its likely benefit, considering the needs of the case, the amount in controversy, the parties' resources, the importance of the issues at stake in the action, and the importance of the discovery in resolving the issues.
13. DMA retains oversight of the State Plan and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by OAH.

TN. NEW