

State/Territory: North Carolina

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

Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No Limitations With Limitations

2.a. Outpatient hospital services.

Provided: No Limitations With Limitations

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

Provided: No Limitations With Limitations

Not Provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No Limitations With Limitations

Not Provided.

3. Other laboratory and X-ray services.

Provided: No Limitations With Limitations

*Description provided on attachment. 3.1-A.1

State/Territory: North Carolina

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

4.a. Nursing facility services (other than services in an institution for mental diseases)
for individuals 21 years of age or older.

Provided: No limitations With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under
21 years of age, and treatment of conditions found.

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

4.d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services
under State law and who is authorized to provide Medicaid coverable services *other* than
tobacco cessation services; or*

(iii) Any other health care professional legally authorized to provide tobacco cessation
services under State law *and* who is specifically *designated* by the Secretary in regulations.
(None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant
Women

Provided: No limitations* With limitations**

*The State is providing at least four (4) counseling sessions per quit attempt.

** Any benefit package that consists of *less* than four (4) counseling sessions per quit
attempt should be explained below.

Please describe any limitations:

* Description provided on attachment.

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-A
Page 2a
OMB NO:

State/Territory: North Carolina

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

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- Provided: No Limitations With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
- Provided: No Limitations With limitations*
- 6.a. 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.
- Podiatrists' services.
- Provided: No limitations With limitations*

* Description provided on attachment.

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

b. Optometrists services.

/X/ Provided: // No Limitations /X/ With Limitations*

// Not provided.

c. Chiropractor's services.

/X/ Provided: // No Limitations /X/ With Limitations

d. Other practitioners' services.

/X/ Provided: Identified on attached sheet with description of limitations, if any.

Nurse Practitioner criteria described in Attachment 3.1-A.1, Page 12a.

// Not provided.

Certified Registered Nurse Anesthetists (CRNA) criteria described in Appendix 8 of Attachment 3.1-A.

// Not provided

Anesthesiologist Assistant criteria described in Appendix 8 of Attachment 3.1-A.

/X/ Provided

7. Home health services.

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

Provided: // No Limitations /X/ With Limitations*

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

Provided: // No Limitations /X/ With Limitations*

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

Provided: // No Limitations /X/ With Limitations*

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

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AUGUST 1991

ATTACHMENT 3.1-A
Page 3a
OMB No.: 0938-

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.

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Supersedes
TN. No. NEW

Approval Date 10-21-92

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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

SENT BY OPC-11 # 86-05

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OBSOLETE BY _____

DATED _____

HCFA ID: 0069P/0002P

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

12. Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*

Not provided.

b. Dentures.

Provided: No limitations With limitations*

Not provided.

c. Orthotic and Prosthetic devices.

Provided: No limitations With limitations*

Not provided.

d. Eyeglasses.

Provided: No limitations With limitations*

Not provided.

13. Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services

Provided: No limitations With limitations*

Not provided.

*Description provided in Attachment 3.1-A.1.

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

b. Screening services.

Provided: No limitations With limitations*

Not provided.

c. Preventive services.

Provided: No limitations With limitations*

Not provided.

d. Rehabilitative services.

Provided: No limitations With limitations*

Not provided.

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

Provided: No limitations With limitations*

Not provided.

b. Skilled nursing facility services.

Provided: No limitations With limitations*

Not provided.

c. Intermediate care facility services.

Provided: No limitations With limitations*

Not provided.

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

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

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided: No limitations With limitations*

Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided: No limitations With limitations*

Not provided.

16. Inpatient psychiatric facility services for individuals under 21 years of age.

Provided: No limitations With limitations*

Not provided.

Definition of services described in Appendix 2 to Attachment 3.1-A, page 1.

17. Nurse-midwife services.

Provided: No limitations With limitations*

Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided: No limitations Provided in accordance with section 2302 of the Affordable Care Act

With limitations*

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NORTH CAROLINA

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

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations*

Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided: With limitations*

Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

State/Territory: North Carolina

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*

Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided: No limitations With limitations*

Not provided.

23. Certified pediatric or family nurse practitioner's services.

Provided: No limitations With limitations*

*Description provided on attachment.

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20. **DESCRIPTION OF EXTENDED SERVICES TO PREGNANT WOMEN**

Pregnancy related and postpartum services include:

Physician
Clinic, including rural health and migrant health
In-patient hospital
Outpatient hospital
Prescription drugs

The above services are provided to all Medicaid eligibles. The restrictions specified in ATTACHMENT 3.1-A.1 apply to all eligibles including pregnant women. Services available to pregnant women do not exceed the scope of services available to other eligible individuals or groups.

Childbirth Education Classes

Childbirth education classes include a series of classes designed to help prepare pregnant women and their support person for the labor and delivery experience. The-classes are based on a written curriculum that outlines the course objectives and specific content to be covered in each class as approved and published in Medicaid Clinical Coverage Policies at the NC Division of Medical Assistance website, www.dhhs.state.nc.us/dma/mp/mpindex.htm.

Qualified providers must:

- be enrolled with the N.C. Medicaid Program; and
- be certified as a childbirth educator by a nationally recognized organization for childbirth education or meet State-approved childbirth education program requirements; and be a licensed practitioner operating within the scope of their practice as defined under State law or
- be under the personal supervision of an individual licensed under State law to practice medicine.

Dietary Evaluation and Counseling

Dietary Evaluation and Counseling, when provided by a qualified nutritionist to Medicaid eligible pregnant and postpartum women identified as having high risk conditions by their prenatal care provider include but is not limited to:

- Nutrition Assessment
- Development of an individualized care plan
- Diet therapy
- Counseling, education about needed nutrition habits/skills and follow-up
- Communication with the WIC Program, Baby Love Program and prenatal care provider as appropriate.

The high risk indicators used to assess pregnant and postpartum women's medical need for the services are as follows:

1. Conditions that impact the length of gestation or the birth weight, where nutrition is an underlying cause, such as:
 - a. severe anemia (HGB<10M/DL or HCT<30)
 - b. pre-conceptionally underweight (<90% standard weight for height)
 - c. inadequate weight gain during pregnancy
 - d. intrauterine growth retardation
 - e. very young maternal age (under the age of 16)
 - f. multiple gestation
 - g. substance abuse
2. metabolic disorders such as diabetes, thyroid dysfunction, maternal PKU, or other inborn errors of metabolism
3. chronic medical conditions such as cancer, heart disease, hypertension, hyperlipidemia, inflammatory bowel disease, malabsorption syndromes, or renal disease
4. auto-immune diseases of nutritional significance such as systemic lupus erythematosus
5. eating disorders such as severe pica, anorexia nervosa, or bulimia nervosa
6. obesity when the following criteria are met:
 - BMI >30 in same woman pre-pregnancy and post partum
 - BMI >35 at 6 weeks of pregnancy
 - BMI >30 at 12 weeks of pregnancy
7. a documented history of a relative of the first degree with cardiovascular disease and/or possessing factors that significantly increase the risk of cardiovascular disease such as a sedentary lifestyle, elevated cholesterol, smoking, high blood pressure, greater than ideal body weight

Provider Qualifications

Medicaid enrolled providers who employ licensed dietitians/nutritionists or registered dietitians are eligible to provide dietary evaluation and counseling. It is the responsibility of the provider agency to verify in writing that staff meet the following qualifications:

1. A dietitian/nutritionist, currently licensed by the N.C. Board of Dietetics/Nutrition (provisional license is not acceptable)
2. A registered dietitian, currently registered with the Commission of Dietetic Registration (registration eligibility is not acceptable).

Coordination with WIC

This nutrition service is not intended to replace WIC nutrition education contacts. All individuals receiving this service must be referred to WIC to receive the two WIC nutrition education contacts.

Other Services

Other services described in this attachment and restrictions described in Attachment 3.1-A.1 apply to all pregnant women except those that are entitled as optionally categorically needy pregnant women. For this latter category of pregnant women only pregnancy-related services and family planning services are available.

State/Territory: North Carolina

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
X Provided: __ No limitations X With limitations*
__ Not provided.
- b. Services of Christian Science nurses.
__ Provided: __ No limitations __ With limitations*
X Not provided
- c. Care and services provided in Christian Science sanatoria.
__ Provided: __ No limitations __ With limitations*
X Not provided
- d. Nursing facility services for patients under 21 years of age.
X Provided: __ No limitations X With limitations*
__ Not provided
- e. Emergency hospital services.
__ Provided: __ No limitations __ With limitations*
X Not provided
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
X Provided: __ No limitations X With limitations*
__ Not provided

*Description provided on attachment.

State/Territory: North Carolina

Citation

Family Planning Benefits

1905(a)(4)(C)

4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.

Provided: No limitations With limitations

Please describe any limitations:

The State of North Carolina will cover a total of six family planning inter-periodic visits annually, not including the annual exam and will cover FDA-approved family planning supplies. Under the State Eligibility Option for Family Planning Services, the State will cover the same family planning services received by all traditional Medicaid beneficiaries.

4.c.(ii) Family planning-related services provided under the above State Eligibility Option

Of the six inter-periodic visits allowed under the program, the State of North Carolina will cover medically necessary family planning-related services, pursuant to or in conjunction with an annual exam. Family planning-related services will include screening for HIV, and screening and treatment for sexually-transmitted infections.

State/Territory: North Carolina

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: State Approved (Not Physician) Service Plan Allowed

 Service Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not Provided

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

 X Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

 No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

P & I change per State Agency

Medical Assistance
State/Territory: North Carolina

Attachment 3.1A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations None licensed or approved

Please describe any limitations:

Free standing Birth Centers can only bill for vaginal delivery. These centers are subject to all rules and limitations as specified in the Ambulatory Surgical Center section of the State Plan.

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

- Physicians
- Physician Assistants
- Certified Nurse Midwives
- Nurse Practitioners

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

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EDITORIAL NOTE:

Supplement 1 to Attachment 3.1-A, Parts B, C and D -- Case Management Services for Mentally Ill Adults (Part B), ED Children/Youth (Part C), and Substance Abusers (Part D) were eliminated with the approval of SPA 05-005 on December 29, 2006.