



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

MEMORANDUM

TO: DMA Management & State Plan E-mail Subscribers

FROM: Teresa J. Smith, State Plan Coordinator

SUBJECT: Update to State Plan for Medical Assistance (220)

DATE: December 16, 2011

The following changes were made in the NC Medicaid State Plan manual. You may view the Plan on DMA's website at <http://www.ncdhhs.gov/dma/plan/index.htm>.

SPA# 11-045 (Dental) – This state plan change modifies the frequency of partial denture replacement for Medicaid recipients from every 10 years to every 8 years.

OLD PAGE(S): Attachment 3.1-A.1, Page 13d and Attachment 3.1-A.1 Page 15

NEW PAGE(S): Attachment 3.1-A.1, Page 13d and Attachment 3.1-A.1 Page 15

SPA 11-043 (Tocolytic) - This state plan change is to eliminate home Tocolytic Infusion Therapy coverage under the Medicaid Home Infusion Therapy (HIT) program.

OLD PAGE(S): Attachment 3.1-A.1, Page 13a.3 and Attachment 4.19-B, Section 7, Page 11

NEW PAGE(S): Attachment 3.1-A.1, Page 13a.3 and Attachment 4.19-B, Section 7, Page 11

SPA 11-036 (Inpatient Hospital) - This state plan amendment is to implement an annualized negative rate adjustment of 7.32% for hospitals and an annualized negative rate adjustment of 2% for non-state owned freestanding psychiatric and rehabilitation hospitals.

OLD PAGE(S): Attachment 4.19-A, Page 4

NEW PAGE(S): Attachment 4.19-A, Page 4 and Attachment 4.19-A, Supplement 1, Page 3

