



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

December 18, 2017

MANDY COHEN, MD, MPH  
SECRETARY

Trina Roberts  
Acting Associate Regional Administrator  
Division of Medicaid  
Centers for Medicare and Medicaid Services  
Region IV  
Atlanta Federal Center  
61 Forsyth Street, SW Suite 4T20  
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment  
Title XIX, Social Security Act  
Transmittal #2017-0016

Dear Ms. Roberts:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A Page 8a, Attachment 3.1-A.1 Page 12c, Attachment 3.1-B Page 3, and Attachment 4.19-B Section 5 Page 1g.

This state plan amendment will allow the Clinical Pharmacist Practitioners to be enrolled and reimbursed directly by the State for services. Clinical Pharmacist Practitioners are authorized to prescribe by North Carolina General Statute 90-18.4.

This amendment is effective January 1, 2018.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact Teresa Smith or me at 919-855-4116.

Sincerely,

*Mandy T. Cohen*

*for* Mandy Cohen, MD, MPH  
Secretary

Enclosures

State/Territory: North Carolina

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

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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\*
24. Clinical Pharmacist Practitioner's services.  
 Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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6.d. Other Practitioners' Services:

Pharmacist

North Carolina licensed pharmacists employed by North Carolina registered and Medicaid enrolled pharmacies may administer seasonal influenza vaccine, pneumococcal polysaccharide or pneumococcal conjugate vaccines, herpes zoster vaccine, hepatitis B vaccine, meningococcal polysaccharide or meningococcal conjugate vaccines and tetanus-diphtheria, tetanus and diphtheria toxoid vaccines within the scope of their practice.

Clinical Pharmacist Practitioners

North Carolina licensed and certified clinical pharmacist practitioners employed by North Carolina registered and Medicaid enrolled clinics, hospitals, and pharmacies may provide services within a scope of practice as outlined by protocol and with supervision of an actively licensed physician

A) Criteria for Medicaid Coverage of Clinical Pharmacist Practitioner Services means that the services are:

- 1) provided in accordance with the scope of practice as defined by the State Board of Pharmacy;
- 2) performed by clinical pharmacist practitioners who are duly licensed to practice pharmacy and are approved by the Board of Pharmacy as "Clinical Pharmacist Practitioners"; and
- 3) performed under the supervision of a physician licensed in the State of practice.
- 4) Or, performed by pharmacists employed by a federally recognized tribe.

B) Coverage Limitations for Clinical Pharmacist Practitioner Services

Medical services must be performed in accordance with the clinical pharmacist practitioners scope of practice and signed protocols, as follows:

- 1) By Clinical Pharmacist Practitioners in practice
- 2) For DMA approved procedures developed for use by Clinical Pharmacist Practitioners.
- 3) Subject to the same coverage limitations as those in effect for Physicians.

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): all

6. 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.

a. Podiatrists' Services

Provided:  No Limitations  With Limitations\*

b. Optometrists' Services

Provided:  No Limitations  With Limitations\*

c. Chiropractors' Services

Provided:  No Limitations  With Limitations\*

d. Other Practitioners' Services

Provided:  No Limitations  With Limitations\*

Nurse Practitioner criteria described in Appendix 5 of Att. 3.1-A.

Clinical Pharmacist Practitioner criteria described in Attachment 3.1-A.

7. Home Health Services

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

Provided:  No Limitations  With Limitations\*

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

Provided:  No Limitations  With Limitations\*

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

Provided:  No Limitations  With Limitations\*

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\*

\*Description provided on attachment.

TN. No. 17-0016

Supersedes

TN. No. 92-01

Approval Date: \_\_\_\_\_

Eff. Date: 01/01/2018

HCFA ID: 7986E

State Plan Under Title XIX of the Social Security Act  
Medical Assistance  
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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Clinical Pharmacist Practitioner Services:

Payments for Clinical Pharmacist Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Clinical Pharmacist Practitioner Services Fee Schedule. The agency's rates were set as of January 1, 2018 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Clinical Pharmacist Practitioner Services are reimbursed at 100 percent of the Medicaid Physician Services Fee Schedule in effect.

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TN. No. 17-0016

Supersedes

TN. No. NEW

Approval Date: \_\_\_\_\_

Effective Date: 01/01/2018