

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam \mathcal{X}

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act Transmittal #2023-0037

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Home Health Services) summarized below, and submitted on December 11, 2023, with a due date of December 13, 2023.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

 Please find attached a State Plan Amendment (SPA) that aligns with 42 CFR 440.70 after the Public Health Emergency. Home health services are provided by Medicare Certified Home Health Agencies. Covered home health services include nursing services, services of home health aides, specialized therapies (speech therapy, physical therapy, occupational therapy) and medical supplies.

The proposed effective date is October 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at (919) 538-3215.

NC MEDICAID

7. <u>Home Health</u>

Home health services are provided by Medicare certified Home Health Agencies under a plan of care authorized in accordance with 42 CFR 440.70. Covered home health services include nursing services, services of home health aides, specialized therapies (speech therapy, physical therapy, occupational therapy) and medical supplies.

- a. Intermittent or Part-Time Nursing Services Furnished by a Medicare certified Home Health Agency.
 - (1) Care which is furnished only to assist the patient in meeting personal care needs is not covered.
 - (2) Intermittent or part-time nursing service by a registered nurse when no home health agency exists in the area is limited to a registered nurse employed by or under contractual arrangement with a local health department or an Indian Health Service/Tribal provider.

TN No: <u>23-0037</u>

Supersedes Approval Date: Effective Date: 10/01/2023

TN No: <u>09-011</u>