



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO:

Jay Ludlam 

FROM:

Ashley Blango, SPA Manager

RE:

State Plan Amendment

Title XIX, Social Security Act
Transmittal #2026-0003

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (**Home Health Services**) summarized below, and submitted on January 6, 2026, with a due date of January 13, 2026.

Clearance

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

Ashley Blango, Kathryn Horneffer, Todd Baustert, Tabitha Evans, Chris Gordon, Melanie Bush

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.

The purpose of the revisions to the State Plan Amendment will list Physician Assistants, Nurse Practitioners, and Clinical Nurse Specialists as allowable providers to authorize home health services under a plan of care authorized in accordance with 42 CFR 440.70 and Section 3708 of the CARES Act. This State Plan amendment also adds the language from tribal health services feedback that in addition to contractual arrangement with a local health department, contractual arrangement can also be made with an Indian Health Service/Tribal provider for services when no home health agency exist and the area is limited to a registered nurse.

The proposed effective date for the SPA is July 1, 2026.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at 919-812-6145.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

7. Home Health

Home health services are provided by Medicare certified Home Health Agencies under a plan of care authorized by the patient's physician, nurse practitioner, clinical nurse specialist or physician assistant and 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.

7. Home Health *(continued)*

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

2) Medical Equipment

Medically necessary medical equipment (ME) is covered by the Medicaid program when prescribed by a physician, nurse practitioner, clinical nurse specialist or physician assistant. Prior approval must be obtained from the Division of Medical Assistance, or its designated agent.

Providers must be certified to participate in Medicare as a ME supplier, or be a Medicaid enrolled home health agency.

Only items determined to be medically necessary, effective and efficient are covered.

TN No: 26-0003

Supersedes

TN No: 16-013

Approval Date:

Effective Date: 07/01/2026

7. Home Health *(continued)*

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

3) Home Infusion Therapy

Self-administered Home Infusion Therapy (HIT) is covered when it is medically necessary and provided through a Medicaid enrolled HIT agency as prescribed by a physician, nurse practitioner, clinical nurse specialist or physician assistant. “Self-administered” means that the patient and/or an unpaid primary caregiver is capable, able, and willing to administer the therapy following teaching and with monitoring. An agency must be a home care agency licensed in North Carolina for the provision of infusion nursing services to qualify for enrollment as a Home Infusion Therapy Provider.

The following therapies are included in this coverage when self-administered:

- i. Total parenteral nutrition
- ii. Enteral nutrition
- iii. Intravenous chemotherapy
- iv. Intravenous antibiotic therapy
- v. Pain management therapy, including subcutaneous, epidural, intrathecal, and intravenous pain management therapy

7. Home Health *(continued)*

- d. Specialized Therapies provided by a Medicare Certified Home Agency.
 - 1) Speech therapy, physical therapy and occupational therapy when ordered by the physician, nurse practitioner, clinical nurse specialist or physician assistant as a medically necessary part of the patient's care.
 - 2) Services are provided within accepted national standards and best practice guidelines for each type of therapy. Qualifications for therapy staff are in accordance with those outlined in 42 CFR 440.110.
 - 3) Services are provided only in the patient's home.