

Provider Qualifications & Requirements

Provider Type	In-State	Border	Out-of-State**
Adult Care Home	Licensed by NC DHSR as one of the following: <ul style="list-style-type: none"> Family Care Home Home for the Aged and Disabled Group Home for Developmentally Disabled Adults Group Home for Mentally ill Adults 	Not eligible	Not eligible
Ambulance Service	Licensed by NC Office of Emergency Medical Services (EMS) of the Division of Health Service Regulation as an Emergency Medical Service.	Licensed as an Emergency Medical Service in the applicant's state of practice. Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed as an Emergency Medical Service in the applicant's state of practice. Documentation verifying Medicaid participation in the applicant's state of practice.
Ambulatory Surgery Center	CMS documentation verifying Medicare participation Licensed by NC Office of Emergency Medical Services of the NC Division of Health Service Regulation	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice
Anesthesiologist Assistants	Licensed by the NC Medical Board as Anesthesiologist Assistant	Licensed as Anesthesiologist Assistant in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Licensed as Anesthesiologist Assistant in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice
Behavioral Health Managed Care Organization		Not eligible	Not eligible
Birthing Center	Accredited by the Commission for Accreditation of Free-standing Birthing Centers	Accredited by the Commission for Accreditation of Free-standing Birthing Centers Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Children's Developmental Services Agency	Certified as an Infant-Toddler Program by the Division of Public Health Local ITP Service Plan/Agreement Amendment	Not eligible	Not eligible

Provider Type	In-State	Border	Out-of-State**
Cochlear Implant External Parts/Repairs	NC Board of Pharmacy Permit or Device and Medical Equipment (Dispensing) Permit Or Letter from Board of Pharmacy Stating Permit Not Applicable CMS documentation verifying Medicare participation	NC Board of Pharmacy Permit or Device and Medical Equipment (Dispensing) Permit CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	NC Board of Pharmacy Permit or Device and Medical Equipment (Dispensing) Permit CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice Approval from Head of DMA DME Program
Community Alternatives Programs, CAP/C <ul style="list-style-type: none"> • Case Management • Home Mobility Aids • Vehicle Modification • Community Transition Funding • Care Giver Training • Medical Supplies 	Memo of endorsement from DMA CAP/C supervisor verifying agency designation for specific CAP services	Not eligible	Not eligible
Community Alternatives Programs, CAP/C <ul style="list-style-type: none"> • Waiver Supplies 	Memo of endorsement from DMA CAP/C supervisor verifying agency designation for specific CAP services or Documentation verifying the provider's participation with NC Medicaid as a Durable Medical Equipment provider	Not eligible	

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Community Alternatives Programs, CAP/C <ul style="list-style-type: none"> • CAP/C Nursing • Respite Care, In-home (Nursing) 	Licensed by NC DHSR as a Home Care Service (Nursing Care must be indicated on the license)	Not eligible	Not eligible
Community Alternatives Programs, CAP/C <ul style="list-style-type: none"> • Personal Care • Pediatric Nurse Aide Services • Attendant Care • Respite Care, In-home (Aide) 	Licensed by NC DHSR as a Home Care Service (In-home Aide Care must be indicated on the license)	Not eligible	Not eligible
Community Alternatives Programs, CAP/C <ul style="list-style-type: none"> • Respite Care, Institutional (Nursing Facility or Hospital) 	Documentation verifying the facility's participation with NC Medicaid as a Nursing Facility or Hospital	Not eligible	Not eligible
Community Alternatives Programs, CAP/C <ul style="list-style-type: none"> • Palliative Care 	Documentation verifying the facility's participation with NC Medicaid as a Hospice Service	Not eligible	Not eligible

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<p>Community Alternatives Programs, CAP/Choice</p> <ul style="list-style-type: none"> • <u>Care Advisor</u> • <u>Financial Management Services</u> • <u>Home Modifications and Mobility Aids</u> • <u>Medical Supplies</u> • <u>Participant Goods and Service</u> • <u>Personal Assistant Services</u> • <u>Training and Education Services</u> • <u>Transition Coordination (MFP)</u> • <u>Transition Services</u> 	<p>Memo from DMA Facility and Community-based Services Unit verifying agency designation as a Lead Administrative Agency</p>	<p>Not eligible</p>	<p>Not eligible</p>
<p>Community Alternatives Programs, CAP/Choice</p> <ul style="list-style-type: none"> • <u>Assistive Technology</u> 	<p>Documentation verifying the facility's participation with NC Medicaid as a Nursing Facility, Hospital or Home Health Agency</p>	<p>Not eligible</p>	<p>Not eligible</p>
<p>Community Alternatives Programs, CAP/Choice</p> <ul style="list-style-type: none"> • <u>Waiver Supplies</u> 	<p>Memo from DMA Facility and Community-based Services Unit verifying agency designation as a Lead Administrative Agency</p> <p>or</p> <p>Documentation verifying the provider's participation with NC Medicaid as a Durable Medical Equipment provider</p>	<p>Not eligible.</p>	<p>Not eligible</p>
<p>Community Alternatives Programs, CAP/Choice</p> <ul style="list-style-type: none"> • <u>Personal Care Aide, In-home Aide Level II</u> • <u>Personal Care Aide, In-home Aide Level III</u> • <u>Non-Institutional Respite Services</u> 	<p>Licensed by NC DHSR as a Home Care Service (In-home Aide Care must be indicated on the license)</p>	<p>Not eligible</p>	<p>Not eligible</p>

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Community Alternatives Programs, CAP/Choice <ul style="list-style-type: none"> <u>Institutional Respite Services</u> 	Documentation verifying the facility's participation with NC Medicaid as a Nursing Facility or Hospital	Not eligible	Not eligible
Community Alternatives Programs, CAP/Choice <ul style="list-style-type: none"> <u>Adult Day Health Care</u> 	Certification by NC Division of Aging and Adult Services as Adult Day Facility	Not eligible	Not eligible
Community Alternatives Programs, CAP/Choice <ul style="list-style-type: none"> <u>Meal Preparation and Delivery</u> 	Memo from DMA Facility and Community-based Services Unit verifying agency designation as a Lead Administrative Agency or Letter of approval from NC Division of Aging and Adult Services or Copy of current review from NC Division of Aging and Adult Services	Not eligible	Not eligible

Provider Type	In-State	Border	Out-of-State**
<p>Community Alternatives Programs, CAP/Choice</p> <ul style="list-style-type: none"> • Personal Emergency Response System 	<p>Agency marketing materials (brochure)</p> <p>Copy of contract between provider agency and monitoring station if the provider agency does not directly provide the monitoring service</p> <p>Copy of contract signed by the subscriber (recipient)</p> <p>Note: If the contract that is signed by the subscriber (recipient) indicates that the subscriber is responsible for monthly charges and/or states that subscriber is liable and responsible for the payment of any expenses or costs incurred by any person responding to a call from the monitoring center, an addendum must be submitted to indicate that these charges do not apply to the subscriber.</p> <p>Documentation on company letterhead indicating: who is responsible for 24-hour monitoring where they are located who completes medical information who completes responder information who provides info to monitoring staff verification that subscriber has not signed a contract because the provider does not use a contract</p> <p>Note: All documentation must confirm that the agency operates or accepts responsibility for providing service 24/7.</p>	<p>Not eligible</p>	<p>Not eligible</p>

Provider Type	In-State	Border	Out-of-State**
Community Alternatives Programs, CAP/DA <ul style="list-style-type: none"> • Case Management • Home Modifications and Mobility Aids • Participant Goods and Service • Training and Education Services • Transition Coordination (MFP) • Transition Services 	Memo from DMA Facility and Community-based Services Unit verifying agency designation as a Lead Administrative Agency	Not eligible	Not eligible
Community Alternatives Programs, CAP/DA <ul style="list-style-type: none"> • Assistive Technology 	Documentation verifying the facility's participation with NC Medicaid as a Nursing Facility, Hospital or Home Health Agency	Not eligible	Not eligible
Community Alternatives Programs, CAP/DA <ul style="list-style-type: none"> • Waiver Supplies 	Memo from DMA Facility and Community-based Services Unit verifying agency designation as a Lead Administrative Agency or Documentation verifying the provider's participation with NC Medicaid as a Durable Medical Equipment provider	Not eligible	
Community Alternatives Programs, CAP/DA <ul style="list-style-type: none"> • Personal Care Aide, In-home Aide Level II • Personal Care Aide, In-home Aide Level III • Non-Institutional Respite Services 	Licensed by NC DHSR as a Home Care Service (In-home Aide Care must be indicated on the license)	Not eligible	Not eligible
Community Alternatives Programs, CAP/DA <ul style="list-style-type: none"> • Institutional Respite Services 	Documentation verifying the facility's participation with NC Medicaid as a Nursing Facility or Hospital	Not eligible	Not eligible

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Community Alternatives Programs, CAP/DA • <u>Adult Day Health Care</u>	Certification by NC Division of Aging and Adult Services as Adult Day Facility	Not eligible	Not eligible
Community Alternatives Programs, CAP/DA • <u>Meal Preparation and Delivery</u>	Memo from DMA Facility and Community-based Services Unit verifying agency designation as a Lead Administrative Agency or Letter of approval from NC Division of Aging and Adult Services or Copy of current review from NC Division of Aging and Adult Services	Not eligible	Not eligible

Provider Type	In-State	Border	Out-of-State**
<p>Community Alternatives Programs, CAP/DA</p> <ul style="list-style-type: none"> • Personal Emergency Response System 	<p>Agency marketing materials (brochure)</p> <p>Copy of contract between provider agency and monitoring station if the provider agency does not directly provide the monitoring service</p> <p>Copy of contract signed by the subscriber (recipient)</p> <p>Note: If the contract that is signed by the subscriber (recipient) indicates that the subscriber is responsible for monthly charges and/or states that subscriber is liable and responsible for the payment of any expenses or costs incurred by any person responding to a call from the monitoring center, an addendum must be submitted to indicate that these charges do not apply to the subscriber.</p> <p>Documentation on company letterhead indicating: who is responsible for 24-hour monitoring where they are located who completes medical information who completes responder information who provides info to monitoring staff verification that subscriber has not signed a contract because the provider does not use a contract</p> <p>Note: All documentation must confirm that the agency operates or accepts responsibility for providing service 24/7.</p>	<p>Not eligible</p>	<p>Not eligible</p>
<p>NC Innovations</p> <ul style="list-style-type: none"> • Assistive Technology Equipment and Supplies 	<p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p>	<p>Not eligible</p>	<p>Not eligible</p>

Provider Type	In-State	Border	Out-of-State**
NC Innovations <ul style="list-style-type: none"> Community Guide Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)		
NC Innovations <ul style="list-style-type: none"> Community Networking Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)		
Community Alternatives NC Innovations <ul style="list-style-type: none"> Community Transition Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)		
NC Innovations <ul style="list-style-type: none"> Crisis Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)		

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<p>NC Innovations</p> <ul style="list-style-type: none"> Day Supports 	<p>Provider Agencies</p> <p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p> <p>Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)</p> <p>NC DHSR license if applicable depending upon the rendering service applied for</p> <p>Adult Day Health and Day Care Programs</p> <p>Certified by NC Division of Aging</p> <p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p> <p>Licensed Developmental Day Care Programs</p> <p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p> <p>Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)</p> <p>NC DHSR license if applicable depending upon the rendering service applied for</p> <p>Before and After School Day Care Programs Operated by NC Public School System</p> <p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p> <p>Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)</p>	<p>Not eligible</p>	<p>Not eligible</p>

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NC Innovations <ul style="list-style-type: none"> Financial Support Services 	Provider Agencies Approved by IRS to be an employment agent Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO	Not eligible	Not eligible
NC Innovations <ul style="list-style-type: none"> Home Modifications 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)	Not eligible	Not eligible
NC Innovations <ul style="list-style-type: none"> In-Home Intensive Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)	Not eligible	Not eligible
NC Innovations <ul style="list-style-type: none"> In-Home Skill Building 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)	Not eligible	Not eligible

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NC Innovations <ul style="list-style-type: none"> Individual Goods and Services 	Agency With Choice <p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p> <p>Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)</p>		
NC Innovations <ul style="list-style-type: none"> Natural Supports Education 	Financial Support Agency <p>Approved by IRS to be an employment agent</p>		
NC Innovations <ul style="list-style-type: none"> Personal Care Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO		
NC Innovations <ul style="list-style-type: none"> Residential Supports 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO <p>Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)</p>		
NC Innovations <ul style="list-style-type: none"> Respite 	Home Health Agency <p>Licensed by NC DHSR as a Home Care Agency</p>		
NC Innovations <ul style="list-style-type: none"> Specialized Consultative Services 	Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO <p>Submit proof of national accreditation by (CARF, COA, CQL, JCAHO)</p>		
NC Innovations <p>Matrix from PSBRC1, Master Doc rev. 02.16.2017</p> <ul style="list-style-type: none"> Supported Employment 	Personal Care Service Provider Agency <p>Credentialed utilizing the NCA letter (Notification of Credential Action) issued by the LME-MCO</p>		

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Community Intervention Services <ul style="list-style-type: none"> • Early Intervention Services 	Letter of approval from the Children's Developmental Services Agency	Not eligible	Not eligible
Community Intervention Services <ul style="list-style-type: none"> • Professional Treatment Services in Facility-based Crisis Program - Adult • Professional Treatment Services in Facility-based Crisis Program - Child • Partial Hospitalization • Ambulatory Detox • Substance Abuse Comprehensive Outpatient Treatment • Non-hospital Medical Detox • Substance Abuse Non-medical Community Residential Treatment • Substance Abuse Medically Monitored Community Residential Treatment • Substance Abuse Intensive Outpatient Program • Psychosocial Rehab • Opioid Treatment 	Certification by the Local Management Entity (Notification of Credentialing Action Letter) Licensed by NC DHSR as a Mental Health Facility	Not eligible	Not eligible

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Certified Registered Nurse Anesthetist, Individual	Licensed by NC Board of Nursing as a Registered Nurse Certified by Council on Certification of Nurse Anesthetists or Council on Recertification of Nurse Anesthetists	Licensed as a Registered Nurse by the licensure board in the applicant's state of practice Certified by Council on Certification of Nurse Anesthetists or Council on Recertification of Nurse Anesthetists Documentation verifying Medicaid participation in state of practice	Licensed as a Registered Nurse by the licensure board in the applicant's state of practice Certified by Council on Certification of Nurse Anesthetists or Council on Recertification of Nurse Anesthetists Documentation verifying Medicaid participation in state of practice
Certified Registered Nurse Anesthetist, Group	No requirements	No requirements Documentation verifying Medicaid participation in the applicant's state of practice.	Not eligible
Dialysis Center	CMS documentation verifying Medicare participation	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice

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<p>Durable Medical Equipment</p>	<p>NC Pharmacy Board Permit or Device and Medical Equipment (Dispensing) Permit or A letter on the applicant's letterhead signed by the authorizing agent attesting to the provision of orthotics and prosthetics only Current National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter)</p>	<p>NC Pharmacy Board Permit or Device and Medical Equipment (Dispensing) Permit or A letter on the applicant's letterhead signed by the authorizing agent attesting to the provision of orthotics and prosthetics only Current National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter) Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>NC Pharmacy Board Permit or Device and Medical Equipment (Dispensing) Permit or A letter on the applicant's letterhead signed by the authorizing agent attesting to the provision of orthotics and prosthetics only Current National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter) Documentation verifying Medicaid participation in the applicant's state of practice Approval from Head of DMA DME Program</p>
<p>Federally Qualified Health Center</p> <ul style="list-style-type: none"> • <u>Core Services</u> 	<p>CMS documentation verifying Medicare participation</p>	<p>CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice Medicaid Agency's Notice of Rate</p>
<p>Health Department</p>	<p>No Requirements</p>	<p>Not eligible</p>	<p>Not eligible</p>

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Hearing Aid Provider	Licensed by the NC State Hearing Aid Dealers and Fitters Board Or Must have a Licensed Audiologist with a Doctorate degree	Licensed by the NC State Hearing Aid Dealers and Fitters Board or by the licensure board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Not eligible
HIV Case Management	Certified as a Qualified Case Management Provider by the Carolinas Center for Medical Excellence	Not eligible	Not eligible
Home Health Service	Licensed by NC DHSR as a Home Care Service CMS documentation verifying Medicare participation	Not eligible	Not eligible
Home Infusion Therapy	Licensed by NC DHSR as a Home Care Service (Infusion Nursing Service must be indicated on the license)	Not eligible	Not eligible
Hospice	Licensed by NC DHSR as a Home Care Service CMS documentation verifying Medicare participation	Not eligible	Not eligible
Hospital	CMS documentation verifying Medicare participation Licensed by NC DHSR	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice
Hospital, Critical Access	CMS documentation verifying Medicare participation Licensed by NC DHSR	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice
Hospital, (Specialty) Long Term Acute Care (LTACH)	CMS documentation verifying Medicare participation Licensed by NC DHSR	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice
Hospital, Swing Bed	Licensed by NC DHSR	Not eligible	Not eligible

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Hospital, Psych/Rehab Unit	CMS documentation verifying Medicare participation Licensed by NC DHSR	Not eligible	Not eligible
ICF/MR, Privately Owned	Licensed by NC DHSR	Not eligible	Not eligible
ICF/MR, State-owned	No requirements	Not eligible	Not eligible
Independent Diagnostic Testing Facility	Accredited through the American Registry of Diagnostic Medical Sonographers or Cardiovascular Credentialing International or American Registry of Radiologic Technologists CMS documentation verifying Medicare participation	Not eligible	Not eligible
Independent Laboratory	CLIA certification	CLIA certification Documentation verifying Medicaid participation in the applicant's state of practice	CLIA certification Documentation verifying Medicaid participation in the applicant's state of practice
Independent Practitioner, Individual • <u>Occupational Therapist</u>	Licensed by the NC Board of Occupational Therapy	Licensed by the Board of Occupation Therapy in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Independent Practitioners, Individual • <u>Physical Therapist</u>	Licensed by the NC Board of Physical Therapy	Licensed by the Board of Physical Therapy in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Independent Practitioner, Individual • <u>Respiratory Therapist</u>	Licensed by the Respiratory Care Board	Licensed by the Respiratory Care Board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible

Provider Type	In-State	Border	Out-of-State**
Independent Practitioner, Individual <ul style="list-style-type: none"> <u>Speech or Language Therapist</u> 	Licensed by the NC Board of Examiners for Speech and Language Pathologists and Audiologists Proof of ASHA Certificate of Clinical Competence (CCC) in Speech/Language Pathology or Documentation indicating the completion of: requirements and work experience necessary for the ASHA CCC in Speech/Language Pathology or academic Master's degree program and is acquiring the supervised work experience to qualify for the ASHA CCC in Speech/Language Pathology	Licensed by the Board of Examiners for Speech and Language Pathologists and Audiologists in the applicant's state of practice Proof of ASHA Certificate of Clinical Competence (CCC) in Speech/Language Pathology or Documentation indicating the completion of: requirements and work experience necessary for the ASHA CCC in Speech/Language Pathology or academic Master's degree program and is acquiring the supervised work experience to qualify for the ASHA CCC in Speech/Language Pathology Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Independent Practitioner, Individual <ul style="list-style-type: none"> <u>Audiologist</u> 	Licensed by the NC Board of Examiners for Speech and Language Pathologists and Audiologists	Licensed by the Board of Examiners for Speech and Language Pathologists and Audiologists in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Independent Practitioner, Group	No Requirements	No Requirements Documentation verifying Medicaid participation in the applicant's state of practice.	Not eligible
Local Education Agency (Public Schools)	No Requirements Note: Only a State-constituted public board of education or other public authority running a school system, elementary or secondary school, or public nonprofit charter school recognized by the State is eligible to participate as an LEA.	Not eligible	Not eligible
Local Management Entity	No Requirements	Not eligible	Not eligible

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Non-Emergency Medical Transportation (NEMT)	No requirements	Not eligible	Not eligible
Nurse Midwife, Individual	Licensed by the NC Board of Nursing Certification from the Midwifery Joint Committee of NC	Licensed by the Board of Nursing in the applicant's state of practice Certification from the Midwifery Joint Committee of NC or the entity responsible for certification in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Licensed by the Board of Nursing in the applicant's state of practice Certification from the Midwifery Joint Committee of NC or the entity responsible for certification in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice
Nurse Midwife, Group	No Requirements	Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible

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<p>Nurse Practitioner, Individual</p>	<p>Licensed by the NC Board of Nursing Certification as a Nurse Practitioner by one of the following national credentialing bodies</p> <ul style="list-style-type: none"> American Nurses Credentialing Center American Academy of Nurse Practitioners National Certification Corporation of the Obstetric and Gynecological and Neonatal Nursing Specialists Pediatric Nursing Certification Board <p>NOTE: Per 21 NCAC 36. 0805 (a) "A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body."</p> <p><i>NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.</i></p> <p>Copy of Statement of Approval Letter issued by the medical board or other licensing entity with both the approval date and the name of the supervising physician</p>	<p>Licensed by the NC Board of Nursing or the entity responsible for licensure in the applicant's state of practice</p> <p>Certification as a Nurse Practitioner by one of the following national credentialing bodies</p> <ul style="list-style-type: none"> American Nurses Credentialing Center American Academy of Nurse Practitioners National Certification Corporation of the Obstetric and Gynecological and Neonatal Nursing Specialists Pediatric Nursing Certification Board <p>NOTE:</p> <p>Per 21 NCAC 36. 0805 (a) "A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body."</p> <p><i>NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.</i></p> <p>Copy of Statement of Approval Letter issued by the medical board or other licensing entity with both the approval date and the name of the supervising physician</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Licensed by the NC Board of Nursing or the entity responsible for licensure in the applicant's state of practice</p> <p>Certification as a Nurse Practitioner by one of the following national credentialing bodies</p> <ul style="list-style-type: none"> American Nurses Credentialing Center American Academy of Nurse Practitioners National Certification Corporation of the Obstetric and Gynecological and Neonatal Nursing Specialists Pediatric Nursing Certification Board <p>NOTE:</p> <p>Per 21 NCAC 36. 0805 (a) "A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body."</p> <p><i>NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.</i></p> <p>Copy of Statement of Approval Letter issued by the medical board or other licensing entity with both the approval date and the name of the supervising physician</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>

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Nurse Practitioner, Group	No Requirements	Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Nursing Facility	CMS documentation verifying Medicare participation Licensed by NC DHSR	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice Copy of the state Medicaid agency's official notice of rate	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice Copy of the state Medicaid agency's official notice of rate Approval from Head of DMA Nursing Facility Program
Nursing Facility, Vent Bed	CMS documentation verifying Medicare participation Licensed by NC DHSR	Not eligible	Not eligible
Nursing Facility, Head Bed	CMS documentation verifying Medicare participation Licensed by NC DHSR	Not eligible	Not eligible
Optical Supplier	Licensed by the NC Board of Opticians	Licensed by the NC Board of Opticians or the licensure board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible

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<p>Orthotics and Prosthetics</p> <ul style="list-style-type: none"> • Certified Ocularist • Certified Fitter of Therapeutic Shoes • Certified/Registered Mastectomy Fitter • Certified Orthotist • Certified/Registered Orthotic Fitter • Certified Prosthetist • Certified Pedorthist • Register Fitter Orthotics Mastectomy • Certified Orthotist/Prosthetist 	<p>Certified or accredited by American Board for Certification in Orthotics and Prosthetics or Board of Orthotist/Prosthetist Certification or National Examining Board of Ocularists or Board for Certification in Pedorthics or Board of Certification in Clinical Anaplastology or The Compliance Team, Inc. or Healthcare Quality Association on Accreditation.</p>	<p>Certified or accredited by American Board for Certification in Orthotics and Prosthetics or Board of Orthotist/Prosthetist Certification or National Examining Board of Ocularists or Board for Certification in Pedorthics or Board of Certification in Clinical Anaplastology or The Compliance Team, Inc. or Healthcare Quality Association on Accreditation.</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice.</p>	<p>Not eligible</p>
<p>Outpatient Behavioral Health Provider, Individual</p> <ul style="list-style-type: none"> • Advanced Practice Psychiatric Clinical Nurse Specialist 	<p>Licensed by the NC Board of Nursing</p> <p>Certification from the American Nurse Credentialing Center or Advanced Psychiatric Nurse Association</p>	<p>Licensed by the NC Board of Nursing or the licensure board in the applicant's state of practice</p> <p>Certification from the American Nurse Credentialing Center or Advanced Psychiatric Nurse Association</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Not eligible</p>

Provider Type	In-State	Border	Out-of-State**
<p>Outpatient Behavioral Health Provider, Individual</p> <ul style="list-style-type: none"> • Advanced Practice Psychiatric Nurse Practitioner 	<p>Licensed by the NC Board of Nursing</p> <p>Certification from the American Nurse Credentialing Center or another specialty with 2 years of documented mental health experience</p>	<p>Licensed by the NC Board of Nursing or the licensure board in the applicant's state of practice</p> <p>Certification from the American Nurse Credentialing Center or another specialty with 2 years of documented mental health experience</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Not eligible</p>
<p>Outpatient Behavioral Health Provider, Individual</p> <ul style="list-style-type: none"> • Licensed Clinical Social Worker 	<p>Licensed by the NC Social Work Certification and Licensure Board</p> <p>Master's degree in social work from a school of social work accredited by the Council on Social Work Education</p>	<p>Licensed by the Social Work Certification and Licensure Board or the licensure board in the applicant's state of practice</p> <p>Master's degree in social work from a school of social work accredited by the Council on Social Work Education</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Not eligible</p>
<p>Outpatient Behavioral Health Provider, Individual</p> <ul style="list-style-type: none"> • Licensed Professional Counselor 	<p>Licensed by the NC Board of Licensed Professional Counselors</p>	<p>Licensed by the Board of Licensed Professional Counselors or the licensure board in the applicant's state of practice</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Not eligible</p>
<p>Outpatient Behavioral Health Provider, Individual</p> <ul style="list-style-type: none"> • Licensed Clinical Addiction Specialist 	<p>Licensed by the NC Substance Abuse Professional Practice Board</p>	<p>Licensed by the Substance Abuse Professional Practice Board or the licensure board in the applicant's state of practice</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Not eligible</p>

Provider Type	In-State	Border	Out-of-State**
Outpatient Behavioral Health Provider, Individual <ul style="list-style-type: none"> <u>Certified Clinical Supervisor</u> 	Certified by the NC Substance Abuse Professional Practice Board Llicensed Clinical Addiction Specialist (LCAS) license by the Substance Abuse Professional Practice Board	Certified by the Substance Abuse Professional Practice Board or the licensure board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Outpatient Behavioral Health Provider, Individual <ul style="list-style-type: none"> <u>Licensed Marriage and Family Therapist</u> 	Licensed by the NC Marriage and Family Therapy Licensure Board	Licensed by the Marriage and Family Therapy Licensure Board or the licensure board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Outpatient Behavioral Health Provider, Individual <ul style="list-style-type: none"> <u>Licensed Psychologist</u> 	Licensed by the NC Psychology Board Licensed psychologists must be doctorate level	Licensed by the Psychology Board or the licensure board in the applicant's state of practice Licensed psychologists must be doctorate level Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Outpatient Behavioral Health Provider, Individual <ul style="list-style-type: none"> <u>Licensed Psychological Associate</u> 	Licensed by the NC Psychology Board	Licensed by the Psychology Board or the licensure board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Not eligible
Outpatient Behavioral Health Provider, Group	No Requirements	Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible

Provider Type	In-State	Border	Out-of-State**
PACE	<p>Certification from the NC Division of Aging and Adult Services</p> <p>Copy of PACE Program Agreement from CMS</p>	Not eligible	Not eligible
Personal Care Service	<p>Licensed by NC DHSR as a Home Care Agency to operate in the county or counties where the PCS services are being provided (In-home Aide Care must be indicated on the license).</p> <p>Or</p> <p>Licensed by NC DHSR as an Adult Care Home.</p> <p>Or</p> <p>A CMS certified Nursing Home offering one or more levels of care, including any combination of skilled nursing, intermediate care or adult care home.</p> <p>Or</p> <p>A residential facility licensed by DHSR as a supervised living facility for two or more adults (MH/DD/SA must be indicated on the license).</p>	Not eligible	Not eligible
Pharmacy	Permit from the NC Board of Pharmacy	<p>Permit from the Board of Pharmacy in the applicant's state of practice</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Permit from the Board of Pharmacy in the applicant's state of practice</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p> <p>Approval from Head of DMA Pharmacy Program</p>

Provider Type	In-State	Border	Out-of-State**
Physician, Individual <ul style="list-style-type: none"> • <u>Medical doctors</u> 	Licensed by NC Medical Board	Licensed by Medical Board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed by Medical Board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.
Physician, Individual <ul style="list-style-type: none"> • <u>Osteopaths</u> 	Licensed by NC Medical Board	Licensed by Medical Board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed by Medical Board in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.
Physician, Individual <ul style="list-style-type: none"> • <u>Chiropractors</u> 	Licensed by the NC Board of Chiropractic Examiners	Licensed by the Board of Chiropractic Examiners in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed by the Board of Chiropractic Examiners in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.
Physician, Individual <ul style="list-style-type: none"> • <u>Optometrists</u> 	Licensed by the NC Board of Examiners in Optometry	Licensed by the Board of Examiners in Optometry in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed by the Board of Examiners in Optometry in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.
Physician, Individual <ul style="list-style-type: none"> • <u>Podiatrists</u> 	Licensed by the NC Board of Podiatry Examiners	Licensed by the Board of Podiatry Examiners in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed by the Board of Podiatry Examiners in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.

Provider Type	In-State	Border	Out-of-State**
Physician, Individual <ul style="list-style-type: none"> • <u>Dentists</u> 	Licensed by the NC Board of State Dental Examiners	Licensed by the Board of State Dental Examiners in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.	Licensed by the Board of State Dental Examiners in the applicant's state of practice Documentation verifying Medicaid participation in the applicant's state of practice.
Physician, Group	No requirements	No requirements Documentation verifying Medicaid participation in the applicant's state of practice.	No requirements Documentation verifying Medicaid participation in the applicant's state of practice.
Physician Assistant, Individual	Successful completion of an accredited educational program accredited by the Committee on Allied Health Education and Accreditation (CAHEA) or its predecessor or successor entities Successful completion of Physician Assistant National Certifying Examination if licensed after June 1, 1994. Maintain a current and active license from State Medical Board (license renewed annually) and maintain an active registration with State Medical Board to practice in North Carolina Current Copy of Intent to Practice Acknowledgement Letter issued by the medical board or other licensing entity	Licensed by State Medical Board (license renewed annually) and active registration with State Medical Board Successful completion of an accredited educational program accredited by CAHEA or its predecessor or successor entities Successful completion of Physician Assistant National Certifying Examination if licensed after June 1, 1994 Current Copy of Intent to Practice Acknowledgement Letter issued by the medical board or other licensing entity Documentation verifying Medicaid participation in the applicant's state of practice	Licensed by State Medical Board (license renewed annually) and active registration with State Medical Board Successful completion of an accredited educational program accredited by CAHEA or its predecessor or successor entities Successful completion of Physician Assistant National Certifying Examination if licensed after June 1, 1994 Current Copy of Intent to Practice Acknowledgement Letter issued by the medical board or other licensing entity Documentation verifying Medicaid participation in the applicant's state of practice

Provider Type	In-State	Border	Out-of-State**
Physician Assistant, Group	No Requirements	Documentation verifying Medicaid participation in the applicant's state of practice	Not eligible
Planned Parenthood Agency	Certification from the Planned Parenthood Federation of America, Inc.	Not eligible	Not eligible
Portable X-ray Service	CMS documentation verifying Medicare participation	Not eligible	Not eligible
Private Duty Nursing	Licensed by NC DHSR as a Home Care Service (Nursing Care must be indicated on the license) AND be accredited by one of the following agencies: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or The Community Health Accreditation Program (CHAP); or The Accreditation Commission for Health Care (ACHC)	Not eligible	Not eligible
Psychiatric Hospital, State Owned (only for recipients under 21 and 65 years and older)	CMS documentation verifying Medicare participation	Not eligible	Not eligible

Provider Type	In-State	Border	Out-of-State**
<p>Psychiatric Residential Treatment Facility, state-owned</p>	<p>Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>Must have letter submitted to DMA or agent on enrollment and renewed annually, by July 21 attesting to compliance with CMS Condition of Participation per 42 CFR 483 Subpart G.</p>	<p>Not eligible</p>	<p>Not eligible</p>
<p>Psychiatric Hospital, privately owned, (only for recipients under 21 and 65 years and older)</p>	<p>Licensed by the NC DHR</p> <p>For Individuals under 21, Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>CMS documentation verifying Medicare participation</p>	<p>Licensed by the hospital's state agency charged with licensure in the applicant's state of practice</p> <p>For Individuals under 21, Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p> <p>CMS documentation verifying Medicare participation</p>	<p>Licensed by the hospital's state agency charged with licensure in the applicant's state of practice</p> <p>For Individuals under 21, Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p> <p>CMS documentation verifying Medicare participation</p>

Provider Type	In-State	Border	Out-of-State**
<p>Psychiatric Residential Treatment Facility, privately owned</p>	<p>Licensed by NC DHR as a Mental Health Treatment Facility</p> <p>Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>Letter of Support from the Local Management Entity</p>	<p>Licensed as a Mental Health Facility in the applicant's state of practice and location</p> <p>Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Licensed as a Mental Health Facility in the applicant's state of practice and location</p> <p>Accreditation from Joint Commission on Accreditation of Healthcare Organizations or Council on Accreditation or Commission on Accreditation of Rehabilitation Facilities</p> <p>Approval from Head of DMA Behavioral Health Program</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>
<p>Residential Treatment Facility</p>	<p>Licensed by NC DHR as a Mental Health Facility or Division of Social Services</p> <p>Notice of Credentialing Action Letter from the Local Management Entity</p>	<p>Licensed as a Mental Health Facility in the applicant's state of practice</p> <p>Notice of Endorsement from the Local Management Entity</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p>	<p>Licensed as a Mental Health Facility in the applicant's state of practice</p> <p>Notice of Endorsement from the Local Management Entity</p> <p>Documentation verifying Medicaid participation in the applicant's state of practice</p> <p>Approval from Head of DMA Behavioral Health Program</p>

Provider Type	In-State	Border	Out-of-State**
Rural Health Clinic <ul style="list-style-type: none"> • <u>Core Services</u> 	CMS documentation verifying Medicare participation	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice	CMS documentation verifying Medicare participation Documentation verifying Medicaid participation in the applicant's state of practice Medicaid Agency's Notice of Rate
School Based Health Center Sponsored by <ul style="list-style-type: none"> • a Physician Group, or • a Nurse Practitioner Group, or • a Health Department 	Copy of completed NC School-based Health Center Verification of Credentialed Status Form from the N.C. Division of Public Health	Not eligible	Not eligible
School Based Health Center Sponsored by <ul style="list-style-type: none"> • a Federally Qualified Health Center 	Copy of completed NC School-based Health Center Verification of Credentialed Status Form from the N.C. Division of Public Health Health Resources and Services Administration (HRSA) Notice of Grant Award including Form 5 Part B/Services Sites		
Targeted Case Management for Developmental Disabilities	Notice of Credentialing Action Letter from the Local Management Entity	Not eligible	Not eligible
Targeted Case Management for Mental Health and Substance Abuse	Notice of Credentialing Action Letter from the Local Management Entity	Not eligible	Not eligible
Therapeutic Family Services	Licensed by NC DSS as a Child Placing Agency	Not eligible	Not eligible