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State/Territory Name: North Carolina

State Plan Amendment (SPA) #:13-039

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 12, 2013

Ms. Sandra Terrell, MS, R.N., Acting Director Division of Medical Assistance Department of Health and Human Services 2501 Mail Service Center Raleigh, NC 27699-2501

Re: North Carolina Title XIX State Plan Amendment, Transmittal 13-039

We have reviewed the proposed State Plan Amendment TN 13-039, which was submitted on September 24, 2013. This amendment implements a rate freeze for Home Health and Private Duty Nursing Services in North Carolina for fiscal years 2014 and 2015.

Based on the information provided, the Medicaid State Plan Amendment NC 13-039 was approved on December 12, 2013. The effective date of this amendment is August 1, 2013. We are enclosing the HCFA Form 179 and the approved plan pages.

If you have any additional questions or need further assistance, please contact Clarence Lewis at 803-898-7647, or Donald Graves at 919-828-2999.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, Georgia 30303



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Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-039	NC
	3. PROGRAM IDENTIFICATION:	
FOR: HEALTH CARE FINANCING ADMINISTRATION	TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	August 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):		
3. THE OF TERM WITERIAL (CREEK One).		
□ NEW STATE PLAN □ AMENDMENT TO BE (CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for eac	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.200	a. FFY 2014 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2015 \$0.00	
6. FAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Attachment 4.19-B, Supplement 1, Page 1 and Attachment 4.19-B, Supplement 1, Page 1c	Attachment 4.19-B, Supplement 1, Page 1 and Attachment 4.19-B, Supplement 1, Page 1c	
10. SUBJECT OF AMENDMENT:		
Home Health (HH) and Private Duty Nursing Services (PDN)		•
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPEC	CIFIED: Secretary
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Aldona Z. Wos, M.D.	Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
14. TITLE: Secretary		
15. DATE SUBMITTED: 09-24-13	Training in the Bross Book	
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 12-12-13	
00/24/12		
09/24/13	CODEL AMOUNT OFFICE	
PLAN APPROVED – ON		PERCIAL
PLAN APPROVED – ON 08/01/13	E COPY ATTACHED 20. SIGNATURE OF REGIONAL C //s//	PFFICIAL:
PLAN APPROVED – ON 08/01/13 21. TYPED NAME:	20. SIGNATURE OF REGIONAL C //s// 22. TITLE: Associate Regional Adm	inistrator
PLAN APPROVED – ON	20. SIGNATURE OF REGIONAL C	inistrator

State Plan Under Title XIX of the Social Security Act Medical Assistance Program

State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Home Health Services:

FY 2003 – No adjustment for other services.

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for these programs (Home Health) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 - Effective 1/1/2007 inflationary increases were applied to the following programs:

Home Health received an increase of 2.98%.

FY 2009-2010 – No inflationary adjustment and 5.73% rate reduction (annualized over nine months) for Home Health.

FY 2010-2011- No inflationary or rate adjustments for Home Health.

FY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.67% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

FY 2013 – Effective July 1, 2012, the rates will be adjusted such that they will equal 98% of the rate in effect July 1, 2011. There will be no further annual adjustments this State Fiscal Year.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 7, Pages 1-4

TN No: 13-039

Supersedes Approval Date : <u>12-12-13</u> Eff. Date: <u>8/1/2013</u>

TN No: 11-037

State Plan Under Title XIX of the Social Security Act Medical Assistance Program

State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Private Duty Nursing Services:

FY 2003 – A 5% rate reduction is applied to Private Duty Nursing.

FY 2005 and 2006 - No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Private Duty Nursing for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 - Effective 1/1/2007 an inflationary increase of 4.25% is applied to Private Duty Nursing services.

FY 2009-2010 - No inflationary adjustment and 5.73% rate reduction (annualized over nine months) for Private Duty Nursing.

FY 2010-2011- No inflationary or rate adjustments are made for Private Duty Nursing.

FY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.67% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

FY 2013 – Effective July 1, 2012, the rates will be adjusted such that they will equal 98% of the rate in effect July 1, 2011. There will be no further annual adjustments this State Fiscal Year.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 8, Page 1

TN No: 13-039

Supersedes Approval Date:12-12-13 Eff. Date: 8/1/2013

TN No: 11-037