

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

ROY COOPER GOVERNOR

MEMORANDUM

MANDY COHEN, MD, MPH Secretary

DAVE RICHARD DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

TO:	DMA Management & State Plan E-mail Subscribers
FROM:	Teresa J. Smith, Administrative Service Manager
SUBJECT:	Update to State Plan for Medical Assistance (285)
DATE:	December 14, 2017

The following changes were made in the NC Medicaid State Plan Manual. You may view the Plan on DMA's website at <u>http://dma.ncdhhs.gov/get-involved/nc-health-choice-state-plan</u>.

<u>SPA 17-0008 (Glucose)</u>: The purpose of this state plan amendment (SPA) was to revise the reimbursement for Durable Medical Equipment – Blood Glucose Testing Equipment & Supplies. This State Plan increases the SMAC rate for Blood Glucose Testing Equipment and Supplies.

OLD PAGE(S): Attachment 4.19-B, Section 7, Page 4

NEW PAGE(S): Attachment 4.19-B, Section 7, Page 4

SPA 17-0009 (PCS): The purpose of this state plan amendment (SPA) increases the rate for Personal Care Services to three dollars and eighty-eight cents (\$3.88) effective August 1, 2017. Beginning January 1, 2018, the rate shall increase to (\$3.90) the rate paid per 15-minute billing unit for personal care services provided pursuant to Clinical Coverage Policy 3L.

OLD PAGE(S): Attachment 4.19-B, Section 23, Page 6

NEW PAGE(S): Attachment 4.19-B, Section 23, Page 6

SPA 17-0011 (LTACH): The purpose of this state plan amendment (SPA) revises the reimbursement methodology for Long Term Acute Care Hospitals per diem rate for rehabilitation services to be established at a minimum of 65% of the actual cost derived from their most recent filed cost report.

OLD PAGE(S): Attachment 4.19-A, Page 8

NEW PAGE(S): Attachment 4.19-A, Page 8

TJS

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