

North Carolina Department of Health and Human Services Division of Medical Assistance

Pat McCrory Governor

Richard O. Brajer Secretary

Dave Richard Deputy Secretary for Medical Assistance

MEMORANDUM

TO:

Rick O. Brajer

Secretary

FROM:

Dave Richard

Deputy Secretary for Medical Assistance

P/Stune

SUBJECT:

State Plan Amendment

Title XIX, Social Security Act

Transmittal #2016-012

DATE:

December 9, 2016

Please find the attached amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 4.19-B, Section 7, Page 1, Attachment 4.19-B, Section 7, Page 2, Attachment 4.19-B, Section 7, Page 2a, and Attachment 4.19-B, Supplement 1, Page 1.

This state plan amendment implements Session Law 2015 – 241, Section 12H.18, which requires the base rate for Home Health Services remain the same as those in effect June 30, 2015.

This amendment is effective December 1, 2016.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact Teresa Smith or me at 919-855-4116.

DR:ts

MEDICAL ASSISTANCE State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

7. <u>HOME HEALTH SERVICES</u>

The rates for home health services were set as of July 1, 2012 and are effective for Services provided by Medicare certified home health agencies participating in the North Carolina Medicaid Program on or after that date. All rates are published on the website at https://dma.ncdhhs.gov/providers/fee-schedules.

A. REIMBURSEMENT METHODS FOR CERTIFIED HOME HEALTH AGENCIES

- (a) A maximum rate per visit is established annually for each of the following services:
 - (1) Registered or Licensed Practical Nursing Visit;
 - (2) Physical Therapy Visit;
 - (3) Speech Therapy Visit;
 - (4) Occupational Therapy visit;
 - (5) Home Health Aide Visit.
- (b) The maximum rate for new services identified in Section (a) above are computed and applied as follows:

TN. No. <u>16-012</u> Supersedes TN. No. <u>06-012</u>

Approval Date: _____ Effective Date: 12/01/2016

MEDICAL ASSISTANCE State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (1) Maximum rates are adjusted by an annual cost index factor. The cost index has a labor component with a relative weight of 75 percent and a non-labor component with a relative weight of 25 percent Labor cost changes are measured by the annual percentage change in the average hourly earnings of North Carolina service wages per worker. Non-labor cost changes are measured by the annual percentage change in the GNP Implicit Price Deflator.
- (2) Other adjustments may be necessary for home health services to comply with federal or state laws or rules.
- (c) Medical supplies and equipment covered under Home Health (HH) services are reimbursed at the lower of billed customary charges or the comparable Durable Medical Equipment (DME) maximum allowable amount in effect. If a new item is not covered by the DME program and a Medicare allowable is available, the rate will be set at the Medicare allowable amount available to the Division of Medical Assistance as of July 1 of that year. If a Medicare allowable amount cannot be obtained for a particular item, the rate will be established based on average estimate of reasonable cost.

TN. No. <u>16-012</u> Supersedes TN. No. <u>06-012</u>

Approval Date: _

Effective Date: 12/01/2016

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Rates for supplies and equipment shall be consistent among the HIT, Home Health (HH), and DME programs. If a rate appeal results in a change in the rate for one of the three programs, it will also become effective for the other two programs.

TN. No. <u>16-012</u> Supersedes TN. No. <u>06-012</u>

Approval Date:

Effective Date: 12/01/2016

Attachment 4.19-B Supplement 1, Page 1

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

Payments for Medical and Remedial Care and Services

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TN No: 16-012 Supersedes

TÑ No: <u>13-03</u>

Approval Date: _____

Eff. Date: <u>12/01/2016</u>