



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

September 15, 2023

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2023-0026

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This State Plan Change will revise the Skilled Nursing Facility reimbursement section in Attachment 4.19-D of the Medicaid State Plan. This amendment will modify the rate structure of Skilled Nursing Facility reimbursement to include a uniform add-on amount of \$37.74 to be applied to SNF rates effective July 1, 2023.

The proposed effective date of the SPA is July 01, 2023.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:

Jay Ludlam

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Jay Ludlam

Deputy Secretary

Enclosures

Medical Assistance
State North Carolina

Payment for Services – Prospective Reimbursement Plan for Nursing Care Facilities

(i) Religious Dietary Considerations.

- (1) A standard amount may be added to a nursing facility's rate for special dietary needs for religious reasons.
- (2) Facilities must apply to receive this special payment consideration. In applying, facilities must document the reasons for special dietary consideration for religious reasons and must submit documentation for the increased dietary costs for religious reasons. Facilities must apply for this special benefit each time rates are determined from a new database. Fifty or more percent of the patients in total licensed beds must require religious dietary consideration in order for the facility to qualify for this special dietary rate add-on.
- (3) The special dietary add-on rate may not exceed more than 140% of the base year neutralized case-mix adjusted Medicaid-day-weighted median cost determined under Section .0102(b)(2) and adjusted for inflation each year until a new database is used to determine rates.

(j) Reimbursement Modifications.

- (1) Effective July 1, 2023, the final Skilled Nursing Facility rate calculated per the reimbursement methodology defined in pages 1-5 of Attachment 4.19-D will be modified to include a uniform add-on per diem amount of \$37.74.

TN. No. 23-0026
Supersedes
TN. No. 03-09

Approval Date:

Eff. Date 07/01/2023