

PUBLIC NOTICE
(SPA 09-010)

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan for the purpose of increasing the ICF-MR provider assessment from \$9.33 to \$11.32 to be effective November 1, 2009. This assessment fee increase offsets the need for the previously determined 5.0 percent rate reduction for SFY 2010 or 2011. Therefore, providers were held harmless for rates effective November 1, 2009 except for those providers with individual rates above the cap limitation for their respective group/level. Any provider whose individual rate was previously above the cap limitation only received a rate adjustment for the increased assessment fee up to the cap limit of their group/level. Effective July 1, 2009, there will be no inflationary adjustment for the period July 1, 2009 through October 31, 2009. Future inflationary adjustments will be determined based on allowance of the cap limitations. The increased assessment revision effects all state and non-state owned ICF-MR facilities.

A public notice will be issued for any future rates adjustments for SFY 2009 – 2010 or SFY 2010 – 2011.

This amendment will become effective November 1, 2009.

The annual estimated state fiscal impact of this change is:

- a. SFY 2009-2010 \$(2,992,375.57)
- b. SFY 2010-2011 \$(2,992,375.57)

A copy of the proposed amendment(s) may be viewed at the county department of social services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Medical Assistance at the address listed below.

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