

PUBLIC NOTICE
(SPA 11-002)

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 revising rate methodology for state owned and non-state owned ICFMR facilities to incorporate the following rate adjustment:

- Approximate aggregate increase of 7.7% to the direct portion of the reimbursement rate for all ICF-MR's.
- Approximate aggregate increase of 9.57% to the indirect portion of the reimbursement rate for all ICF-MR's.

The non-federal share of this increase in rates is funded by a 43.7% increase on bed assessment fees paid by state owned and non-state owned ICFMR facilities.

The annual estimated non-federal share impact of this change is:

- a. SFY 2010-2011 \$ 6,449,406.77
- b. SFY 2011-2012 \$ 12,898,813.54

All rate increases will become effective January 1, 2011.

A copy of the proposed public notice will be available 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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