10A NCAC 22G .0109 NURSING HOME PROVIDER ASSESSMENT

(a) In accordance with 42 USC 1396b(w) and 42 CFR, Part 433, Subpart B, which are adopted and incorporated by reference with subsequent changes or amendments; and consistent with the CMS Federal Waiver approved April 5, 2004 with an effective date of October 1, 2003, which is adopted and incorporated by reference with subsequent changes or amendments, a monthly nursing facility assessment based on all occupied nursing facility bed days of service shall be imposed on all nursing bed days in licensed nursing facilities, except:

- (1) any nursing facility bed day of service provided by a Continuing Care Retirement Community (CCRC), as defined by G.S. 58-64 and licensed by the North Carolina Department of Insurance; or
- (2) any nursing facility bed day of service paid for under the Medicare program established under Title XVIII of the Social Security Act.

A copy of the CMS Federal Waiver may be obtained by contacting the Division of Health Benefits, 2501 Mail Service Center, Raleigh, North Carolina 27699-2501, (919) 855-4000. Copies of 42 USC 1396b(w) and 42 CFR, Part 433, Subpart B are available free of charge at http://uscode.house.gov/ and https://www.ecfr.gov/, respectively. (b) The assessment is payable monthly and due to the Department of Health and Human Services or designee of the Department within 15 days of the last day of the reporting month. Facilities shall submit payment and an account of all actual patient days during the month. Failure to provide accurate reporting of days, and payment of assessment within 15 days of the last day of the reporting month shall result in a 10 percent reduction in facility rates for Medicaid participating facilities and recoupment.

History Note: Authority G.S. 108A-25(b); 108A-54; 108A-55; S.L. 2003-284, Sec. 10.28; CMS Waiver approved April 5, 2004; 42 CFR Part 433, Subpart B; 42 USC 1396b(w); Temporary Adoption Eff. August 3, 2004; Eff. January 1, 2005; Readopted Eff. July 1, 2018; Amended Eff. March 1, 2020.