


NH Department of Health & Human Services (DHHS)
Office of Finance

129 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE NH DHHS RELEASE OF POLICY	
PR NUMBER:	17-01 PR 1.1.17
FROM:	Jennifer Doig, Business Administrator IV
OFFICE OF:	Office of Finance
SIGNATURE	
SIGNATURE DATE:	January 19, 2017
SUBJECT:	Release of Updated Appendix A, "Nursing Facility Rates"
TO:	Maureen Ryan, Director, Office of Human Services; All BEAS Staff; Appendix A Recipients; DCS- Administrative Supervisors; DCS- Line Supervisors; DCS- Long-Term Care; DCS- Regional Managers
EFFECTIVE DATE:	January 1, 2017

BACKGROUND/SUMMARY

This PR releases the updated Appendix A of the Medicaid Manual, which contains nursing facility rates.

In Appendix A of the Medicaid Manual, each nursing facility is listed alphabetically, together with its per diem and monthly rates. These rates are calculated periodically based on information obtained by the NH Department of Health and Human Services (NH DHHS) Rate Setting Unit. The NH DHHS computerized eligibility system contains a table with the per diem rates for each nursing facility, and the monthly rate is calculated by multiplying the per diem rate by 30.42. Appendix A has been updated to include these new rates.

Appendix A includes rates for atypical care. An atypical unit and/or facility devotes its services exclusively to highly specialized care, the nature of which makes it incomparable to other nursing facilities for the purpose of rate setting.

Where applicable, an asterisk (*) precedes the facility type code as a means of differentiating atypical care rates.

The previous Appendix A, which was effective July 1, 2016 and was released by 16-04 PR, should be retained until further notice. Please post the updated Appendix A according to the instructions below.

IMPLEMENTATION

The effective dates of the most recent rates are listed for each facility in the updated Appendix A. These rates have already been entered into the Medicaid Management Information System for claims calculation.

Questions on this PR should be emailed to Jennifer Doig at Jennifer.Doig@dhhs.nh.gov

POSTING INSTRUCTIONS

Medicaid Manual

Remove and Retain

16-04 PR 7.1.16, Appendix A,
pages 1-5, dated 7/16

Insert

17-01 PR, 1.1.17
Appendix A,
pages 1-5, dated 1/17

DISTRIBUTION

17-01 PR is being distributed as indicated above.

DISPOSITION

17-01 PR may be destroyed once the content has been noted and the posting instructions carried out.

	ITEM APPENDIX A	PAGE 1
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 01-2017

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days (leap year). The statewide average daily private paying rate (ICF and SNF) is \$321.20.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Alice Peck Day Memorial Hospital	3/8	\$105.93	\$3,222.39	3071163	1/1/1999
S Androscoggin Valley Hosp, Berlin	3/8	\$105.93	\$3,222.39	3073139	1/1/1999
Applewood Care & Rehabilitation Center	3/8	\$161.04	\$4,898.84	3076962	1/1/2017
Aurora Senior Living of Derry	3/8	\$150.67	\$4,583.38	3071058	1/1/2017
Bedford Hills Care & Rehabilitation Center	3/8	\$167.70	\$5,101.43	3077268	1/1/2017
Bedford Nursing & Rehabilitation Svs, LLC	3/8	\$148.85	\$4,528.02	3098212	1/1/2017
Bel Air – Goffstown	3/8	\$157.41	\$4,788.41	3095281	1/1/2017
Belknap County, Laconia	2/8	\$157.71	\$4,797.54	3077146	1/1/2017
S Cheshire Medical Center	3/8	\$105.93	\$3,222.39	3080131	1/1/1999
Clipper Harbor of Portsmouth Care & Rehab	3/8	\$171.27	\$5,210.03	3077280	1/1/2017
Colonial Hill of Rochester Care & Rehab	3/8	\$168.44	\$5,123.94	3079685	1/1/2017
Colonial Poplin	3/8	\$177.21	\$5,390.73	3080672	1/1/2017
Coos County, Berlin	2	\$158.46	\$4,820.35	3071149	1/1/2017
Coos County, West Stewartstown	2	\$157.32	\$4,785.67	3071146	1/1/2017
S Cottage Hospital, Woodsville	3/8	\$105.93	\$3,222.39	3074431	1/1/1999
Country Village Center	3/8	\$148.62	\$4,521.02	3071564	1/1/2017
Courville at Manchester	3/8	\$163.10	\$4,961.50	3071145	1/1/2017
Courville at Nashua	3/8	\$174.14	\$5,297.34	3071060	1/1/2017
Crestwood Care & Rehabilitation Center	3/8	\$145.62	\$4,429.76	3079681	1/1/2017
Crotched Mt, HI, Greenfield	8	\$617.95	\$18,798.04	3071563	4/1/2010
Crotched Mt, Pedi, Greenfield	*8	\$510.11	\$15,517.55	3071562	4/1/2010
Crotched Mt, Vent, Greenfield	8	\$622.16	\$18,926.11	3094419	4/1/2012
CuraHealth Hospital-Boston North Shore-(formerly Kindred Hospital Boston North Shore)	*7	\$837.23	\$25,468.54		10/1/2016
Dover Center for Health and Rehabilitation	3/8	\$166.89	\$5,076.79	3083629	1/1/2017
Edgewood Manor, Portsmouth	3	\$164.10	\$4,991.92	3077497	1/1/2017
Edgewood Manor, Portsmouth	8	\$573.00	\$17,430.66	3077497	8/14/2012
Edgewood Manor, Portsmouth	*8	\$353.68	\$10,758.95	3077497	1/1/2009
Elm Wood Center at Claremont	3/8	\$158.49	\$4,821.27	3071547	1/1/2017

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

	ITEM APPENDIX A	PAGE 2
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Epsom HealthCare Center (Heartland), Epsom	3/8	\$149.67	\$4,552.96	3094362	1/1/2017
Exeter on Hampton Care & Rehab Center	3/8	\$180.94	\$5,504.19	3079684	1/1/2017
Fairview, Hudson	3/8	\$168.70	\$5,131.85	3071158	1/1/2017
S Franklin Hospital, Franklin, NH	3/8	\$105.93	\$3,222.39	3074363	7/1/2002
Glenclyff Home for the Elderly	4	\$356.34	\$10,839.86	3077265	11/1/2014
Good Shepherd N.H., Jaffrey	3/8	\$166.13	\$5,053.67	3071574	1/1/2017
Grafton County, Woodsville	2/8	\$161.82	\$4,922.56	3071147	1/1/2017
Hackett Hill Healthcare, Manchester	3/8	\$171.61	\$5,220.38	3099479	1/1/2017
Hanover Hill, Manchester	3/8	\$164.11	\$4,992.23	3071582	1/1/2017
Hanover Terrace	3/8	\$147.26	\$4,479.65	3104302	1/1/2017
Harris Hill Center	3/8	\$159.94	\$4,865.37	3079064	1/1/2017
Havenwood, Concord	3/8	\$153.31	\$4,663.69	3078147	1/1/2017
Hillsboro House, Hillsboro	3/8	\$148.88	\$4,528.93	3079061	1/1/2017
Hillsborough County, Goffstown	2/8	\$165.16	\$5,024.17	3076961	1/1/2017
Hillsborough County, Goffstown	*2/*8	\$209.54	\$6,374.21	3076961	1/1/2009
Holy Cross Health Center	3/8	\$153.40	\$4,666.43	3071159	1/1/2017
S Huggins Hospital, Wolfeboro	3/8	\$105.93	\$3,222.39	3079053	1/1/1999
Keene Center	3/8	\$153.61	\$4,672.82	3071550	1/1/2017
Kindred Transitional Care & Rehabilitation-Braintree	8	\$425.00	\$12,928.50	3083362	4/1/2013
Kindred Transitional Care & Rehabilitation-Greenbriar	3/8	\$150.20	\$4,569.08	3079768	1/1/2017
Kindred Transitional Care & Rehabilitation-Greenbriar	*8	\$250.18	\$7,610.48	3079768	2/26/2013
Laconia Rehab Center	3/8	\$180.26	\$5,483.51	3071568	1/1/2017
Laconia Rehab Center	*3	\$353.68	\$10,758.95	3071568	11/1/2013
Laconia Rehab Center	*8	\$539.33	\$16,406.42	3071568	7/1/2012
Lafayette Center	3/8	\$163.33	\$4,968.50	3071552	1/1/2017
S Lakes Region General, Laconia	3/8	\$105.93	\$3,222.39	3074362	1/1/1999
Langdon Place of Dover	3/8	\$180.47	\$5,489.90	3077777	1/1/2017
Langdon Place of Keene	3/8	\$185.25	\$5,635.31	3079683	1/1/2017
Lebanon Center	3/8	\$157.21	\$4,782.33	3071554	1/1/2017

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Littleton Hospital, Littleton	3/8	\$105.93	\$3,222.39	3080827	1/1/1999
Maple Leaf Healthcare, Manchester	3/8	\$157.63	\$4,795.10	3094361	1/1/2017
Maplewood of Cheshire County, Westmoreland	2/8	\$162.72	\$4,949.94	3077307	1/1/2017
Maplewood of Cheshire County, Westmoreland	*2/*8	\$213.64	\$6,498.93	3077307	1/1/2009
S Memorial Hospital, North Conway	3/8	\$105.93	\$3,222.39	3074432	1/1/1999
Merrimack County, Penacook	2/8	\$163.77	\$4,981.88	3071571	1/1/2017
Merriman House, Memorial Hospital, N Conway	3	\$155.49	\$4,730.01	3071148	1/1/2017
Metro Health, Goldenview, Meredith	3/8	\$175.31	\$5,332.93	3076977	1/1/2017
Mineral Springs of N. Conway Care & Rehab	3/8	\$145.60	\$4,429.15	3077457	1/1/2017
S Monadnock Hospital, Peterborough	3/8	\$105.93	\$3,222.39	3074435	1/1/1999
Morrison Hospital, Whitefield	3/8	\$173.54	\$5,279.09	3076978	1/1/2017
Mountain Ridge Center	3/8	\$160.46	\$4,881.19	3076554	1/1/2017
Mountain View of Carroll County	2/8	\$164.35	\$4,999.53	3071059	1/1/2017
Mt. Carmel, Manchester	3/8	\$165.77	\$5,042.72	3071565	1/1/2017
S New London Hospital, New London	3/8	\$105.93	\$3,222.39	3076518	1/1/1999
NH Hospital - Psych, Concord	7	\$1,346.00	\$40,945.32	80304000	10/1/2011
Oceanside Health & Rehab, Hampton	3/8	\$163.21	\$4,964.85	3077751	1/1/2017
Pheasant Wood Care & Rehabilitation Center	3/8	\$158.22	\$4,813.05	3079680	1/1/2017
Pleasant Valley Nursing Home	3/8	\$149.99	\$4,562.70	3096252	1/1/2017
Pleasant View Center	3/8	\$167.22	\$5,086.83	3077749	1/1/2017
Presidential Oaks -N. H. Odd Fellows, Concord	3/8	\$162.26	\$4,935.95	3077464	1/1/2017
Ridgewood Center	3/8	\$171.82	\$5,226.76	3071549	1/1/2017
Riverside Rest Home of Strafford County, Dover	2/8	\$154.25	\$4,692.29	3071061	1/1/2017
Riverside Rest Home of Strafford County, Dover	*2/*8	\$216.20	\$6,576.80	3071061	1/1/2009
Rochester Manor, Rochester	3/8	\$147.31	\$4,481.17	3102820	1/1/2017
Rockingham County, Epping	2/8	\$166.66	\$5,069.80	3071581	1/1/2017
Salemhaven Health Care, Salem	3/8	\$165.85	\$5,045.16	3071566	1/1/2017
S Sceva Speare, Plymouth	3/8	\$105.93	\$3,222.39	3077711	1/1/1999
St. Ann, Dover	3/8	\$166.21	\$5,056.11	3071561	1/1/2017

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
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	ITEM APPENDIX A	PAGE 4
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
St. Francis, Laconia	3/8	\$164.89	\$5,015.95	3071559	1/1/2017
St. Joseph Residence	3/8	\$161.29	\$4,906.44	3077269	1/1/2017
St. Teresa's, Manchester	3/8	\$160.91	\$4,894.88	3076367	1/1/2017
St. Vincent de Paul, Berlin	3/8	\$156.65	\$4,765.29	3071558	1/1/2017
Sullivan County, Claremont	2/8	\$162.19	\$4,933.82	3077772	1/1/2017
The Elm's Nursing & Rehabilitation Center	3/8	\$157.11	\$4,779.29	3079682	1/1/2017
S Upper Connecticut Valley, Colebrook	3/8	\$105.93	\$3,222.39	3078954	1/1/1999
S Valley Regional Hospital, Claremont	3/8	\$105.93	\$3,222.39	3075262	1/1/1999
Villa Crest, Manchester	3/8	\$163.23	\$4,965.46	3094360	1/1/2017
Warde Rehabilitation and Nursing Center, Windham	3/8	\$179.57	\$5,462.52	3101211	1/1/2017
Webster at Rye	3/8	\$161.62	\$4,916.48	3080660	1/1/2017
S Weeks Hospital, Lancaster	3/8	\$105.93	\$3,222.39	3073196	1/1/1999
Westwood Care & Rehabilitation Center	3/8	\$154.95	\$4,713.58	3077458	1/1/2017
Wolfeboro Bay Care & Rehabilitation Center	3/8	\$159.31	\$4,846.21	3079686	1/1/2017
Woodlawn, Greenleaf, Newport	3/8	\$161.77	\$4,921.04	3071572	1/1/2017
ICF/MRs:					
CedarCrest, Keene	3	\$392.33	\$11,934.68	3077266	1/1/2009
CedarCrest, Keene	*3	\$602.75	\$18,335.66	3077266	1/1/2009
CedarCrest, Keene	8	\$928.29	\$28,238.58	3095289	1/1/2014
CedarCrest, Keene	*8	\$795.21	\$24,190.29	3095289	1/1/2014

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

	ITEM APPENDIX A	PAGE 5
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
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Pursuant to RSA 151-E:11 and He-E 801.09, the Department of Health and Human Services must conduct a cost comparison between the cost of a Choice for Independence (CFI) participant's home-based services and the average annual cost of the provision of services to a person in a nursing facility. This average annual cost for the provision of services to a person in a nursing facility is calculated by the NH DHHS rate setting unit using the methodology described in Administrative Rule He-E 801.09.

Average Annual Nursing Home Cost for Acuity-Based Facilities

1/1/2017	Annually	Monthly	Weekly	Daily
100%	\$77,730	\$6,478	\$1,495	\$212.96
80% - Signature required	\$62,184	\$5,182	\$1,196	\$170.37
60%	\$46,638	\$3,887	\$897	\$127.78
50%	\$38,865	\$3,239	\$747	\$106.48

RSA 151-E:11 and He-E 801.10 state that the commissioner must review and approve any CFI service plan that exceeds 80% of the average nursing facility cost. The commissioner's prior approval process must include a review of the cost of nursing facility services at a nursing facility qualified to provide services, including any specialized services, that would be necessary for the proper care and treatment of the CFI applicant or participant. He-E 806.36 describes how nursing facilities are reimbursed for specialized or atypical care.

Average Annual Nursing Home Cost for Atypical Ventilator Care Facilities

1/1/2017	Annually	Monthly	Weekly	Daily
100%	\$211,265	\$17,605	\$4,063	\$578.81
80% - Signature required	\$169,012	\$14,084	\$3,250	\$463.05
60%	\$126,759	\$10,563	\$2,438	\$347.29
50%	\$105,633	\$8,803	\$2,031	\$289.40

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS