

NH Department of Health and Human Services (DHHS)
NH DHHS Finance/Bureau of Elderly and Adult Services

129 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE BEAS RELEASE OF POLICY	
PR NUMBER:	18-01 PR 1.1.18
FROM:	Athena Gagnon, Medicaid Financial Manager
OFFICE OF:	Office of Finance
SIGNATURE	<i>Athena Gagnon</i>
SIGNATURE DATE:	January 28, 2018
SUBJECT:	Release of Updated Appendix A, "Nursing Facility Rates"
TO:	All BEAS Staff; Appendix A Recipients; DCS- Administrative Supervisors; DCS- Line Supervisors; DCS- Long-Term Care; DCS- Regional Managers
EFFECTIVE DATE:	January 1, 2018

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) Office of Finance. 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, 2017 and was released by 17-07 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 Christine Ferwerda, Internal Auditor III, at Christine.Ferwerda@dhhs.nh.gov.

INSTRUCTIONS

Medicaid Manual

Remove and Retain

17-07 PR 7.1.17, Appendix A,
pages 1-5, dated 7/17

Insert

18-01 PR, 1.1.18
Appendix A,
pages 1-5, dated 1/18

DISTRIBUTION

18-01 PR is being distributed as indicated above.

DISPOSITION

18-01 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 01-2018

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 \$337.56.

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	\$156.68	\$4,766.21	3076962	1/1/2018
Aurora Senior Living of Derry	3/8	\$164.60	\$5,007.13	3071058	1/1/2018
Bedford Hills Care & Rehabilitation Center	3/8	\$168.42	\$5,123.34	3077268	1/1/2018
Bedford Nursing & Rehabilitation Svs, LLC	3/8	\$156.99	\$4,775.64	3098212	1/1/2018
Bel Air - Goffstown	3/8	\$178.14	\$5,419.02	3095281	1/1/2018
Belknap County, Laconia	2/8	\$167.71	\$5,101.74	3077146	1/1/2018
S Cheshire Medical Center	3/8	\$105.93	\$3,222.39	3080131	1/1/1999
Clipper Harbor of Portsmouth Care & Rehab	3/8	\$171.30	\$5,210.95	3077280	1/1/2018
Colonial Hill of Rochester Care & Rehab	3/8	\$173.13	\$5,266.61	3079685	1/1/2018
Colonial Poplin	3/8	\$161.37	\$4,908.88	3080672	1/1/2018
Coos County, Berlin	2	\$163.87	\$4,984.93	3071149	1/1/2018
Coos County, West Stewartstown	2	\$153.70	\$4,675.55	3071146	1/1/2018
S Cottage Hospital, Woodsville	3/8	\$105.93	\$3,222.39	3074431	1/1/1999
Country Village Center	3/8	\$145.61	\$4,429.46	3071564	1/1/2018
Courville at Manchester	3/8	\$174.79	\$5,317.11	3071145	1/1/2018
Courville at Nashua	3/8	\$176.93	\$5,382.21	3071060	1/1/2018
Crestwood Care & Rehabilitation Center	3/8	\$142.30	\$4,328.77	3079681	1/1/2018
Dover Center for Health and Rehabilitation	3/8	\$175.19	\$5,329.28	3083629	1/1/2018
Edgewood Manor, Portsmouth	3	\$170.51	\$5,186.91	3077497	1/1/2018
Edgewood Manor, Portsmouth	8	\$573.00	\$17,430.66	3104719	8/14/2012
Edgewood Manor, Portsmouth	*8	\$353.68	\$10,758.95	3077497	1/1/2009
Elm Wood Center at Claremont	3/8	\$148.12	\$4,505.81	3071547	1/1/2018
Epsom HealthCare Center (Heartland), Epsom	3/8	\$148.61	\$4,520.72	3094362	1/1/2018
Exeter Rehabilitation Center	3/8	\$182.79	\$5,560.47	3079684	1/1/2018
Exeter Rehabilitation Center	*8	\$617.95	\$18,798.04	3079684	12/1/2017
Fairview, Hudson	3/8	\$175.34	\$5,333.84	3071158	1/1/2018
S Franklin Hospital, Franklin, NH	3/8	\$105.93	\$3,222.39	3074363	7/1/2002

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

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Glenclyff Home for the Elderly	4	\$356.34	\$10,839.86	3077265	11/1/2014
Good Shepherd N.H., Jaffrey	3/8	\$169.67	\$5,161.36	3071574	1/1/2018
Grafton County, Woodsville	2/8	\$175.46	\$5,337.49	3071147	1/1/2018
Greenbriar Healthcare	3/8	\$150.68	\$4,583.69	3110230	1/1/2018
Hackett Hill Healthcare, Manchester	3/8	\$164.17	\$4,994.05	3099479	1/1/2018
Hanover Hill, Manchester	3/8	\$172.93	\$5,260.53	3071582	1/1/2018
Hanover Terrace	3/8	\$137.77	\$4,190.96	3104302	1/1/2018
Harris Hill Center	3/8	\$166.01	\$5,050.02	3079064	1/1/2018
Havenwood, Concord	3/8	\$153.14	\$4,658.52	3078147	1/1/2018
Hillsboro House, Hillsboro	3/8	\$133.97	\$4,075.37	3079061	1/1/2018
Hillsborough County, Goffstown	2/8	\$170.28	\$5,179.92	3076961	1/1/2018
Hillsborough County, Goffstown	*2/*8	\$209.54	\$6,374.21	3076961	1/1/2009
Holy Cross Health Center	3/8	\$160.25	\$4,874.81	3071159	1/1/2018
S Huggins Hospital, Wolfeboro	3/8	\$105.93	\$3,222.39	3079053	1/1/1999
Keene Center	3/8	\$153.94	\$4,682.85	3071550	1/1/2018
Kindred Transitional Care & Rehabilitation-Braintree	8	\$425.00	\$12,928.50	3083362	4/1/2013
Laconia Rehab Center	3/8	\$163.89	\$4,985.53	3071568	1/1/2018
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	\$164.36	\$4,999.83	3071552	1/1/2018
S Lakes Region General, Laconia	3/8	\$105.93	\$3,222.39	3074362	1/1/1999
Langdon Place of Dover	3/8	\$144.27	\$4,388.69	3077777	1/1/2018
Langdon Place of Keene	3/8	\$187.93	\$5,716.83	3079683	1/1/2018
Lebanon Center	3/8	\$161.40	\$4,909.79	3071554	1/1/2018
S Littleton Hospital, Littleton	3/8	\$105.93	\$3,222.39	3080827	1/1/1999
Lowell Health Care Center (CareOne Lowell)	*8	\$341.25	\$10,380.83	3091719	9/26/2008
Maple Leaf Healthcare, Manchester	3/8	\$157.29	\$4,784.76	3094361	1/1/2018
Maplewood of Cheshire County, Westmoreland	2/8	\$171.25	\$5,209.43	3077307	1/1/2018
Maplewood of Cheshire County, Westmoreland	*2/*8	\$213.64	\$6,498.93	3077307	1/1/2009

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Memorial Hospital, North Conway	3/8	\$105.93	\$3,222.39	3074432	1/1/1999
Merrimack County, Penacook	2/8	\$170.66	\$5,191.48	3071571	1/1/2018
Merriman House, Memorial Hospital, N Conway	3	\$162.82	\$4,952.98	3071148	1/1/2018
Metro Health, Goldenview, Meredith	3/8	\$163.01	\$4,958.76	3076977	1/1/2018
Mineral Springs of N. Conway Care & Rehab	3/8	\$144.02	\$4,381.09	3077457	1/1/2018
S Monadnock Hospital, Peterborough	3/8	\$105.93	\$3,222.39	3074435	1/1/1999
Morrison Hospital, Whitefield	3/8	\$171.77	\$5,225.24	3076978	1/1/2018
Mount Carmel, Manchester	3/8	\$170.63	\$5,190.56	3071565	1/1/2018
Mountain Ridge Center	3/8	\$157.34	\$4,786.28	3076554	1/1/2018
Mountain View of Carroll County	2/8	\$163.78	\$4,982.19	3071059	1/1/2018
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	\$165.09	\$5,022.04	3077751	1/1/2018
Pheasant Wood Care & Rehabilitation Center	3/8	\$149.18	\$4,538.06	3079680	1/1/2018
Pleasant Valley Nursing Home	3/8	\$157.70	\$4,797.23	3096252	1/1/2018
Pleasant View Center	3/8	\$162.76	\$4,951.16	3077749	1/1/2018
Presidential Oaks -N. H. Odd Fellows, Concord	3/8	\$152.27	\$4,632.05	3077464	1/1/2018
Ridgewood Center	3/8	\$169.28	\$5,149.50	3071549	1/1/2018
Riverside Rest Home of Strafford County, Dover	2/8	\$158.34	\$4,816.70	3071061	1/1/2018
Riverside Rest Home of Strafford County, Dover	*2/*8	\$216.20	\$6,576.80	3071061	1/1/2009
Riverside Rest Home of Strafford County, Dover	*2/*8	\$434.00	\$13,202.28	3071061	8/10/2017
Rochester Manor, Rochester	3/8	\$143.56	\$4,367.10	3102820	1/1/2018
Rockingham County, Epping	2/8	\$179.52	\$5,461.00	3071581	1/1/2018
Salemhaven Health Care, Salem	3/8	\$175.76	\$5,346.62	3071566	1/1/2018
S Sceva Speare, Plymouth	3/8	\$105.93	\$3,222.39	3077711	1/1/1999
St. Ann, Dover	3/8	\$181.16	\$5,510.89	3071561	1/1/2018
St. Francis, Laconia	3/8	\$163.84	\$4,984.01	3071559	1/1/2018
St. Joseph Residence	3/8	\$168.14	\$5,114.82	3077269	1/1/2018
St. Teresa's, Manchester	3/8	\$174.82	\$5,318.02	3076367	1/1/2018

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
St. Vincent de Paul, Berlin	3/8	\$161.89	\$4,924.69	3071558	1/1/2018
Sullivan County, Claremont	2/8	\$164.79	\$5,012.91	3077772	1/1/2018
The Elms Nursing & Rehabilitation Center	3/8	\$153.59	\$4,672.21	3079682	1/1/2018
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	\$169.54	\$5,157.41	3094360	1/1/2018
Warde Rehabilitation and Nursing Center, Windham	3/8	\$181.41	\$5,518.49	3101211	1/1/2018
Webster at Rye	3/8	\$170.93	\$5,199.69	3080660	1/1/2018
S Weeks Hospital, Lancaster	3/8	\$105.93	\$3,222.39	3073196	1/1/1999
Westwood Care & Rehabilitation Center	3/8	\$150.88	\$4,589.77	3077458	1/1/2018
Wolfeboro Bay Care & Rehabilitation Center	3/8	\$169.57	\$5,158.32	3079686	1/1/2018
Woodlawn, Greenleaf, Newport	3/8	\$158.94	\$4,834.95	3071572	1/1/2018
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
3-ICF PRIVATE NURSING HOME
S-SWING BEDS

4-ICF INSTITUTION

7-SNF LONG TERM HOSPITAL
8-SNF NURSING FACILITY
*-ATYPICAL BEDS

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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, Bureau of Elderly and Adult Services (BEAS) 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 BEAS rate setting unit using the methodology described in Administrative Rule He-E 801.09.

Average Annual Nursing Home Cost for Acuity-Based Facilities

1/1/2018	Annually	Monthly	Weekly	Daily
100%	\$78,148	\$6,512	\$1,503	\$214.11
80% - Signature required	\$62,519	\$5,210	\$1,202	\$171.28
60%	\$46,889	\$3,907	\$902	\$128.46
50%	\$39,074	\$3,256	\$751	\$107.05

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

1/1/2018	Annually	Monthly	Weekly	Daily
100%	\$199,090	\$16,591	\$3,829	\$545.45
80% - Signature required	\$159,272	\$13,273	\$3,063	\$436.36
60%	\$119,454	\$9,954	\$2,297	\$327.27
50%	\$99,545	\$8,295	\$1,914	\$272.73

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