

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

105 Pleasant St.  
Concord, NH 03301

<b>STATE OF NEW HAMPSHIRE BEAS RELEASE OF POLICY</b>	
<b>PR NUMBER:</b>	PR 19-02 July 2019
<b>FROM:</b>	Jayne Jackson, Division of Long Term Services and Supports (DLTSS) Financial Manager, and Athena Gagnon, DHHS Medicaid Financial Manager
<b>OFFICE OF:</b>	DLTSS and Office of Finance
<b>SIGNATURE</b>	<i>Athena Gagnon</i>
<b>SIGNATURE DATE:</b>	<i>Jayne Jackson</i> June 28, 2019
<b>SUBJECT:</b>	Release of Updated Appendix A, "Nursing Facility Rates"
<b>TO:</b>	All BEAS Staff; Appendix A Recipients; Bureau of Family Assistance Administrative Supervisors, Line Supervisors
<b>EFFECTIVE DATE:</b>	July 1, 2019

**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 January 1, 2019 and was released by PR 19-01, 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.

PR 19-02 and the updated Appendix A will be posted to the BEAS Policy & Procedures Database, in the DHHS APPS (N:) Drive, Long Term Care folder. The updated Appendix A will also be posted on the web at <https://www.dhhs.nh.gov/ombp/medicaid/nf-med-rates.htm>

Questions on this PR should be emailed to the DHHS Office of Medicaid/Rate Setting and directed to both of the individuals listed below:

Christy Roy, Financial Analyst, at [Christy.Roy@dhhs.nh.gov](mailto:Christy.Roy@dhhs.nh.gov)

Claudia Marchesseault, Administrator II at [Claudia.Marchesseault@dhhs.nh.gov](mailto:Claudia.Marchesseault@dhhs.nh.gov)

## **INSTRUCTIONS**

### **Medicaid Manual**

#### **Remove and Retain**

PR 19-01, Appendix A,  
pages 1-5, dated 1/19

#### **Insert**

PR 19-02, 7/19  
Appendix A,  
pages 1-5, dated 7/19

## **DISTRIBUTION**

PR 19-02 is being distributed as indicated above.

## **DISPOSITION**

PR 19-01 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 07-2019

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 \$345.47.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Alice Peck Day Memorial Hospital, Lebanon	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, Winchester	3/8	\$156.80	\$4,769.86	3117748	7/1/2019
Aurora Senior Living of Derry	3/8	\$154.14	\$4,688.94	3071058	7/1/2019
Bedford Hills Center, Bedford	3/8	\$171.23	\$5,208.82	3077268	7/1/2019
Bedford Nursing & Rehabilitation Svs, LLC, Bedford	3/8	\$168.80	\$5,134.90	3098212	7/1/2019
Bel Air Nursing & Rehabilitation Center, Goffstown	3/8	\$173.99	\$5,292.78	3095281	7/1/2019
Belknap County Nursing Home, Laconia	2/8	\$169.17	\$5,146.15	3077146	7/1/2019
Braintree Manor HealthCare, Braintree MA	8	\$425.00	\$12,928.50	3112099	12/1/2017
S Cheshire Medical Center, Keene	3/8	\$105.93	\$3,222.39	3080131	1/1/1999
Clipper Harbor of Portsmouth Care & Rehab, Portsmouth	3/8	\$175.64	\$5,342.97	3077280	7/1/2019
Colonial Hill Center, Rochester	3/8	\$177.12	\$5,387.99	3079685	7/1/2019
Colonial Poplin Nursing Home, Freemont	3/8	\$153.29	\$4,663.08	3080672	7/1/2019
Coos County, Berlin	2/8	\$174.03	\$5,293.99	3071149	7/1/2019
Coos County Institution, West Stewartstown	2/8	\$158.69	\$4,827.35	3071146	7/1/2019
S Cottage Hospital, Woodsville	3/8	\$105.93	\$3,222.39	3074431	1/1/1999
Country Village Center Genesis Healthcare, Lancaster	3/8	\$158.82	\$4,831.30	3071564	7/1/2019
The Courville at Manchester	3/8	\$188.47	\$5,733.26	3071145	7/1/2019
The Courville at Nashua	3/8	\$183.57	\$5,584.20	3071060	7/1/2019
Crestwood Center, Milford	3/8	\$165.28	\$5,027.82	3117800	7/1/2019
Dover Center for Health and Rehabilitation, Dover	3/8	\$175.92	\$5,351.49	3083629	7/1/2019
The Edgewood Centre, Portsmouth	3/8	\$175.49	\$5,338.41	3077497	7/1/2019
The Edgewood Centre, Portsmouth	*8	\$353.68	\$10,758.95	3077497	1/1/2009
The Edgewood Centre, Portsmouth	*8	\$600.00	\$18,252.00	3077497	3/20/2018
The Edgewood Centre, Portsmouth	8	\$573.00	\$17,430.66	3104719	7/1/2016
Elm Wood Center at Claremont	3/8	\$165.94	\$5,047.89	3071547	7/1/2019
Epsom HealthCare Center (Heartland), Epsom	3/8	\$155.17	\$4,720.27	3094362	7/1/2019
Exeter Rehabilitation Center, Exeter	3/8	\$184.66	\$5,617.36	3079684	7/1/2019
Fairview, Hudson	3/8	\$180.59	\$5,493.55	3071158	7/1/2019

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
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 07-2019	

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 \$345.47.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Franklin Regional Hospital, Franklin	3/8	\$105.93	\$3,222.39	3074363	7/1/2002
S Glenclyff Home, Glenclyff	4	\$356.34	\$10,839.86	3077265	11/1/2014
Grafton County Nursing Home, Woodsville	2/8	\$185.20	\$5,633.78	3071147	7/1/2019
Greenbriar Healthcare, Nashua	3/8	\$150.77	\$4,586.42	3110230	7/1/2019
Hackett Hill Center, Manchester	3/8	\$160.21	\$4,873.59	3099479	7/1/2019
Hanover Hill Healthcare, Manchester	3/8	\$169.94	\$5,169.57	3071582	7/1/2019
Hanover Terrace Healthcare & Rehab Center, Hanover	3/8	\$162.90	\$4,955.42	3104302	7/1/2019
Harris Hill Center Genesis Healthcare, Concord	3/8	\$161.26	\$4,905.53	3079064	7/1/2019
Havenwood-Heritage Heights, Concord	3/8	\$158.13	\$4,810.31	3078147	7/1/2019
Hillsboro House Nursing Home, Hillsboro	3/8	\$147.98	\$4,501.55	3079061	7/1/2019
Hillsborough County Nursing Home, Goffstown	2/8	\$174.31	\$5,302.51	3076961	7/1/2019
Hillsborough County, Goffstown	*2/*8	\$209.54	\$6,374.21	3076961	1/1/2009
Holy Cross Health Center, Manchester	3/8	\$159.10	\$4,839.82	3071159	7/1/2019
Huggins Hospital, Wolfeboro	3/8	\$105.93	\$3,222.39	3079053	1/1/1999
S Jaffrey Rehabilitation and Nursing Center	3/8	\$187.64	\$5,708.01	3117639	7/1/2019
Keene Center Genesis Healthcare, Keene	3/8	\$155.68	\$4,735.79	3071550	7/1/2019
Laconia Rehab Center Genesis Healthcare, Laconia	3/8	\$175.25	\$5,331.11	3071568	7/1/2019
Laconia Rehab Center Genesis Healthcare, Laconia	*3	\$353.68	\$10,758.95	3108064	7/1/2017
Laconia Rehab Center Genesis Healthcare, Laconia	*8	\$539.33	\$16,406.42	3108064	7/1/2017
Lafayette Center Genesis Healthcare, Franconia	3/8	\$165.11	\$5,022.65	3071552	7/1/2019
Lakes Region General Hospital, Laconia	3/8	\$105.93	\$3,222.39	3074362	1/1/1999
S Langdon Place of Dover, Dover	3/8	\$183.52	\$5,582.68	3077777	7/1/2019
Langdon Place of Keene, Keene	3/8	\$193.41	\$5,883.53	3079683	7/1/2019
Lebanon Center Genesis Healthcare, Lebanon	3/8	\$174.11	\$5,296.43	3071554	7/1/2019
Littleton Hospital Assoc, Littleton	3/8	\$105.93	\$3,222.39	3080827	1/1/1999
S Lowell Health Care Center (CareOne Lowell), Lowell MA	*8	\$325.00	\$9,886.50	3091719	12/21/2017
Lowell Health Care Center (CareOne Lowell), Lowell MA	*8	\$372.00	\$11,316.24	3091719	5/25/2018
Maple Leaf Healthcare Center, Manchester	3/8	\$168.18	\$5,116.04	3094361	7/1/2019
Maplewood Nursing Home, Westmoreland	2/8	\$176.18	\$5,359.40	3077307	7/1/2019

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

NH Department of Health and Human Services

Bureau of Elderly and Adult Services

19-02 PR 07/19, Nursing Facility rates as of July 1, 2019

	ITEM APPENDIX A	PAGE 3
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 07-2019

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 \$345.47.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Maplewood Nursing Home, Westmoreland	*2/*8	\$213.64	\$6,498.93	3077307	1/1/2009
The Memorial Hospital, North Conway	3/8	\$105.93	\$3,222.39	3074432	1/1/1999
S Merrimack County Nursing Home, Penacook	2/8	\$173.69	\$5,283.65	3071571	7/1/2019
Merriman House, North Conway	3/8	\$172.13	\$5,236.19	3109806	7/1/2019
Golden View Health Care Center, Meredith	3/8	\$188.13	\$5,722.91	3076977	7/1/2019
Mineral Springs Genesis Healthcare, North Conway	3/8	\$152.73	\$4,646.05	3077457	7/1/2019
Monadnock Community Hospital, Peterborough	3/8	\$105.93	\$3,222.39	3074435	1/1/1999
S Morrison Nursing Home, Whitefield	3/8	\$177.70	\$5,405.63	3076978	7/1/2019
Mount Carmel Rehabilitation & Nursing Ctr, Manchester	3/8	\$191.48	\$5,824.82	3071565	7/1/2019
Mountain Ridge Center Genesis Healthcare, Franklin	3/8	\$175.01	\$5,323.80	3076554	7/1/2019
Mountain View Community, Ossipee	2/8	\$168.33	\$5,120.60	3071059	7/1/2019
New London Hospital, New London	3/8	\$105.93	\$3,222.39	3076518	1/1/1999
S NH Hospital - Psychiatric Unit, Concord	7	\$1,346.00	\$40,945.32	3076701	10/1/2011
Oceanside Skilled Nursing & Rehab, Hampton	3/8	\$159.63	\$4,855.94	3077751	7/1/2019
Pheasant Wood Center, Peterborough	3/8	\$153.32	\$4,663.99	3117798	7/1/2019
Pleasant Valley Nursing Home, Derry	3/8	\$158.92	\$4,834.35	3096252	7/1/2019
Pleasant View Center, Concord	3/8	\$174.84	\$5,318.63	3077749	7/1/2019
Presidential Oaks, Concord	3/8	\$166.49	\$5,064.63	3077464	7/1/2019
Ridgewood Center, Bedford	3/8	\$176.64	\$5,373.39	3071549	7/1/2019
Riverside Rest Home, Dover	2/8	\$162.24	\$4,935.34	3071061	7/1/2019
Riverside Rest Home, Dover	*2	\$216.20	\$6,576.80	3071061	1/1/2009
Riverside Rest Home, Dover	*8	\$434.00	\$13,202.28	3071061	8/10/2017
Rochester Manor, Rochester	3/8	\$154.07	\$4,686.81	3102820	7/1/2019
Rockingham County Nursing Home, Epping	2/8	\$185.44	\$5,641.08	3071581	7/1/2019
Salemhaven Inc, Salem	3/8	\$190.14	\$5,784.06	3071566	7/1/2019
Speare Memorial Hospital, Plymouth	3/8	\$105.93	\$3,222.39	3077711	1/1/1999
S St. Ann Rehab & Nursing Center, Dover	3/8	\$180.56	\$5,492.64	3071561	7/1/2019
St. Francis Rehab & Nursing Center, Laconia	3/8	\$181.45	\$5,519.71	3071559	7/1/2019
St. Joseph Residence, Manchester	3/8	\$182.25	\$5,544.05	3077269	7/1/2019

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 4
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 07-2019

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 \$345.47.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
St. Teresa's Rehab & Nursing Center, Manchester	3/8	\$179.34	\$5,455.52	3076367	7/1/2019
St. Vincent de Paul Rehab & Nursing Center, Berlin	3/8	\$168.20	\$5,116.64	3071558	7/1/2019
Sullivan County Healthcare, Claremont	2/8	\$167.64	\$5,099.61	3077772	7/1/2019
The Elm's Center, Milford	3/8	\$163.98	\$4,988.27	3079682	7/1/2019
Upper Connecticut Valley Hospital Assoc, 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
S Villa Crest Nursing & Retirement, Manchester	3/8	\$163.86	\$4,984.62	3094360	7/1/2019
Warde Rehabilitation and Nursing Center, Windham	3/8	\$187.92	\$5,716.53	3101211	7/1/2019
Webster at Rye, Rye	3/8	\$175.95	\$5,352.40	3080660	7/1/2019
Weeks Medical Center, Lancaster	3/8	\$105.93	\$3,222.39	3073196	1/1/1999
S Westwood Care & Rehabilitation Center, Keene	3/8	\$171.99	\$5,231.94	3117794	7/1/2019
Wolfeboro Bay Center, Wolfeboro	3/8	\$164.21	\$4,995.27	3079686	7/1/2019
Woodlawn Care Center, Newport	3/8	\$144.54	\$4,396.91	3071572	7/1/2019

ICF/MRs:

CedarCrest Center for Children with Disabilities, Keene	3	\$392.33	\$11,934.68	3077266	1/1/2009
CedarCrest Center for Children with Disabilities, Keene	*3	\$602.75	\$18,335.66	3077266	1/1/2009
CedarCrest Center for Children, Keene	8	\$928.29	\$28,238.58	3095289	1/1/2014
CedarCrest Center for Children, 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
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 07-2019

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 \$345.47.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
--------------------	------	---------------------	-----------------	------------------------	-------------------

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

7/1/2019	Annually	Monthly	Weekly	Daily
100%	\$78,950	\$6,579	\$1,518	\$216.30
80% - Signature required	\$63,160	\$5,263	\$1,215	\$173.04
60%	\$47,370	\$3,947	\$911	\$129.78
50%	\$39,475	\$3,290	\$759	\$108.15

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

7/1/2019	Annually	Monthly	Weekly	Daily
100%	\$198,149	\$16,512	\$3,811	\$542.87
80% - Signature required	\$158,519	\$13,210	\$3,048	\$434.30
60%	\$118,889	\$9,907	\$2,286	\$325.72
50%	\$99,075	\$8,256	\$1,905	\$271.44

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