

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

105 Pleasant St.
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STATE OF NEW HAMPSHIRE BEAS RELEASE OF POLICY	
PR NUMBER:	PR 23-02 July 2023
FROM:	Kyra Leonard, Division of Long Term Services and Supports (DLTSS) Financial Manager, and Athena Gagnon, DHHS Medicaid Financial Manager
OFFICE OF:	DLTSS and Office of Finance
SIGNATURE	
SIGNATURE DATE:	
SUBJECT:	Release of Updated Appendix A, "Nursing Facility Rates"
TO:	All BEAS Staff; Appendix A Recipients; Bureau of Family Assistance Administrative Supervisors, Line Supervisors
EFFECTIVE DATE:	July 1, 2023

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.

Statewide Average Private Pay Daily Rate: \$370.74

Statewide Average Private Pay Monthly Rate: \$11,277.91

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.

The average monthly nursing facility rate used is used for the Hypothetical Institutional Monthly Spenddown. The Hypothetical Institutional Monthly Spenddown is used to determine CFI financial eligibility for certain individuals.

Hypothetical Institutional Monthly Spenddown: \$9,081

Atypical Rates are identified by the codes L3 and L4 as shown in the footnote.

The previous Appendix A, which was effective January 1, 2023 and was released by PR 23-01 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 23-02 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/sites/g/files/ehbemt476/files/documents/2023-01/beas-nf-rates-appendix-a.pdf>

Questions on this PR should be emailed to the DHHS Office of Medicaid/Rate Setting and directed to DHHSRateSetting@dhhs.nh.gov

INSTRUCTIONS

Medicaid Manual

Remove and Retain

PR 23-01, Appendix A,
pages 1-5, dated 01/2023

Insert

PR 23-02, 07/23
Appendix A,
pages1-5,dated 07/23

DISTRIBUTION

PR 23-02 is being distributed as indicated above.

DISPOSITION

PR 23-02 may be destroyed once the content has been noted and the posting instructions carried out.