

State: Indiana

Attachment 4.19D
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TN: 16-005
Supersedes
TN: 00-008

Approval Date: DEC 01 2016 Effective Date: July 1, 2016

405 IAC 1-14.5-27 Limitation to Medicaid rate increases for HIV nursing
facilities

Sec. 27. Notwithstanding all other provisions of this rule, for the period January 1, 2006, through June 30, 2007, HIV nursing facility rates that have been calculated under this rule shall be reduced by five dollars (\$5) per resident per day.

TN: 06-005
Supersedes:
New

Approved JUN 14 2006 Effective: January 1, 2006

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TN: 16-005
Supersedes
TN: 93-014

Approval Date: DEC 01 2016 Effective Date: July 1, 2016

*There was no OBRA rate increase effective 4-1-93 however there has been an aggregate increase of .67 per-patient-day since 10-1-90 representing the conversion of cost recognition for the following listed OBRA '87 requirements.

COST RECOGNITION CATEGORIES

1. Resident's Rights-Transfer and Discharge Requirements 42 CFR 483.12(a)(5)(ii), consisting primarily of requirements to implement a resident appeal procedure associated with transfer and discharge of residents.
2. Other Staffing Requirements-Social Service Qualifications 42 CFR 483.15(g)(2)(ii) and 483.15(g)(4), requirement for and minimum qualification standards of a social worker for facilities with more than 120 beds.
3. Resident Assessment-42 CFR 483.20, requirement regarding frequency, timing and accuracy of resident assessments.
4. Plans For Care-42 CFR 483.20(d), requiring changes in timing and content of the resident care plan.
5. Resident Assessment Discharge Summary-42 CFR 483.20(e)(3), additional requirements to develop a discharge plan.
6. Nurse Staffing Requirements-42 CFR 483.30, requiring increase in nurse staffing resources in Indiana NFs with fewer than 40 beds to reach one full time equivalent RN.
7. Other Staffing Requirements-Dental Services 42 CFR 483.55, requiring increased responsibility placed on NFs to ensure resident's receipt of needed dental care.
8. Other-Inflation Applied Against 10-1-90 Cost Recognition

<u>CATEGORY</u>	<u>COST RECOGNITION</u>	<u>PPD RATE INCREASE</u>	<u>PERCENT OF TOTAL INCREASE</u>
1	\$ 39,360	.0043	.6
2	\$ 3,605,250	.3946	59.4
3	\$ 402,588	.0440	6.6
4	\$ 400,000	.0437	6.6
5	\$ 234,000	.0256	3.9
6	\$ 295,000	.0386	4.9
7	\$ 636,000	.0696	10.5
8	\$ 456,765	.0500	7.5
TOTALS	\$ 6,068,963	.6704	100.0

TN 93-014
Supersedes
None

Approval Date 3/28/94 Effective 4-1-93

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Note: Remove page 67 A

TN: 16-005
Supersedes
TN: 93-015

Approval Date: DEC 01 2016 Effective Date: July 1, 2016

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TN: 16-005
Supersedes
TN: 93-016

Approval Date: DEC 01 2016 Effective Date: July 1, 2016

The OBRA rate increase of .04 ppd. represents the increase of cost recognition for the following listed OBRA '87 requirements. The prior .72 ppd. when added to this .04 increase represent a total increase of .76 ppd. since 10-1-90 for OBRA cost recognition.

COST RECOGNITION CATEGORIES

1. Resident's Rights-Transfer and Discharge Requirements 42 CFR 483.12(a)(5)(ii), consisting primarily of requirements to implement a resident appeal procedure associated with transfer and discharge of residents.
2. Other Staffing Requirements-Social Service Qualifications 42 CFR 483.15(g)(2)(ii) and 483.15(g)(4), requirement for and minimum qualification standards of a social worker for facilities with more than 120 beds.
3. Resident Assessment-42 CFR 483.20, requirement regarding frequency, timing and accuracy of resident assessments.
4. Plans For Care-42 CFR 483.20(d), requiring changes in timing and content of the resident care plan.
5. Resident Assessment Discharge Summary-42 CFR 483.20(e)(3), additional requirements to develop a discharge plan.
6. Nurse Staffing Requirements-42 CFR 483.30, requiring increase in nurse staffing resources in Indiana NFs with fewer than 40 beds to reach one full time equivalent RN.
7. Other Staffing Requirements-Dental Services 42 CFR 483.55, requiring increased responsibility placed on NFs to ensure resident's receipt of needed dental care.
8. Other-Inflation Applied Against 10-1-90 Cost Recognition

<u>CATEGORY</u>	<u>COST RECOGNITION</u>	<u>PPD RATE INCREASE</u>	<u>PERCENT OF TOTAL INCREASE</u>
1	\$ 45,760	.0050	.7
2	\$ 4,192,100	.4589	60.8
3	\$ 468,104	.0512	6.8
4	\$ 465,122	.0509	6.8
5	\$ 272,091	.0298	3.9
6	\$ 343,036	.0449	5.0
7	\$ 739,515	.0809	10.7
8	\$ 365,413	.0400	5.3
TOTALS	\$ 6,891,141	.7616	100.0

TN 93-016
Supersedes
None

Approval Date 3/28/94 Effective 10-1-93

The Office of Medicaid Policy & Planning, State of Indiana has submitted Medicaid state plan amendment TN 94-007 (reimbursement reform for large private ICFs/MR and small private group homes--CRFs/DD) and state plan amendment TN 94-019 (reimbursement changes resulting from a provider assessment program and rate rebasing for large private ICFs/MR and small private group homes--CRFs/DD). These amendments, in addition to making changes to the reimbursement criteria for the provider types mentioned, segregates the entire rate setting criteria for large and small private ICFs/MR from the criteria for nursing facilities. Upon approval by HCFA of those amendments, which carry an effective date of 7-1-94, the Indiana Medicaid state plan will no longer have rate setting criteria embodied in one amendment that contains rate setting criteria for all types of long term care facilities.

Upon approval of the above-mentioned amendments, and until such time as new amendments can be submitted and approved with exclusive language for "nursing facilities" and for "state operated ICFs/MR":

EFFECTIVE 7-1-94, THE REIMBURSEMENT CRITERIA CONTAINED AT PAGES 1 THROUGH 68-A OF ATTACHMENT 4.19D OF THE CURRENT EDITION OF THE MEDICAID STATE PLAN IS NULL AND VOID AS IT RELATES TO RATE SETTING FOR:

1. LARGE PRIVATE ICFs/MR, and
2. SMALL PRIVATE ICFs/MR (GROUP HOMES)

TN 94-020
Supersedes:
None

Approval 3/6/95 Effective 7-1-94

OBRA '87 AND '90 MEDICAID NF COST RECOGNITION & RATE INCREASE
FOR FEDERAL FISCAL YEAR 1995 EFFECTIVE 10-1-94

The Indiana Office of Medicaid Policy & Planning annually computes facility specific rates for Medicaid enrolled nursing facilities using a prospective methodology that requires NFs to submit annual reports of historical costs for a projected rate year.

Based on information contained in the Office's Long Term Care Information System gathered from all Medicaid enrolled nursing facility provider's historical cost reports as of June 1994, the following information is provided indicating the OBRA rate increase for federal fiscal year 1995. Because the effective date for this amendment will be 10-1-94, the actual statewide average Medicaid rate effective 9-30-94 is used to provide the base rate for the increase information. The rate is broken down into two components, the rate with OBRA costs included prior to 10-1-94, the OBRA increase on 10-1-94 and the final nursing facility single statewide average rate with OBRA cost increases on 10-1-94. Adjustments are required by Section 4211(b) of OBRA 1987 and 4801(e) of OBRA 1990.

The rate information specific to OBRA is determined as follows. Medicaid NF rates are calculated in conformity with the provisions outlined in this plan at pages 1 through 68 B of attachment 4.19D. These pages are incorporated by reference to provide the basic rate setting methodology including prior OBRA increases. In addition to these provisions, to segregate and arrive at OBRA specific cost increases allowable for rate recognition, Medicaid has compared NF costs for historical years prior to and after 10-1-93, documented and categorized the cost increases, reduced the cost increases by the GNP/IPD and HCFA/SNF inflators for the period in order to reduce cost increases to true operation increases, identified those costs that are attributable to OBRA requirements that necessitated additional expenditures by NFs after 10-1-90, and converted those costs to a per-patient-day increase as reflected by the following rate information.

THE EFFECTIVE DATE FOR INFORMATION ON THIS CHART IS 10-1-94

OBRA RATE YEAR	SINGLE STATEWIDE AVERAGE NF RATE		SINGLE STATEWIDE AVERAGE NF RATE WITH OBRA INCREASE 10-1-94
	EFFECTIVE 10-01-94 WITH PRIOR OBRA INCREASES INCLUDED	10-1-94 OBRA INCREASE	
1994/95	\$71.69	.03 ppd	\$71.72 + (.0004)

TN 94-011
Supersedes:
None

Approval Date 12/15/94 Effective 10/1/94

The OBRA rate increase of .03 ppd. represents the increase of cost recognition for the following listed OBRA '87 requirements. The prior .76 ppd. when added to this .03 increase represent a total increase of .79 ppd. since 10-1-90 for OBRA cost recognition.

COST RECOGNITION CATEGORIES

1. Resident's Rights-Transfer and Discharge Requirements 42 CFR 483.12(a)(5)(ii), consisting primarily of requirements to implement a resident appeal procedure associated with transfer and discharge of residents.
2. Other Staffing Requirements-Social Service Qualifications 42 CFR 483.15(g)(2)(ii) and 483.15(g)(4), requirement for and minimum qualification standards of a social worker for facilities with more than 120 beds.
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7. Other Staffing Requirements-Dental Services 42 CFR 483.55, requiring increased responsibility placed on NFs to ensure resident's receipt of needed dental care.
8. Other-Inflation Applied Against 10-1-90 Cost Recognition

<u>CATEGORY</u>	<u>COST RECOGNITION</u>	<u>PPD RATE INCREASE</u>	<u>PERCENT OF TOTAL INCREASE</u>
1	\$ 48,318	.0053	.7
2	\$ 4,426,695	.4846	62.0
3	\$ 494,414	.0541	6.9
4	\$ 491,066	.0537	6.9
5	\$ 287,438	.0315	4.0
6	\$ 362,403	.0475	5.0
7	\$ 780,807	.0855	10.9
8	\$ 248,081	.0272	3.5
TOTALS	\$ 7,139,222	.7894	99.9

TN 94-011
Supersedes
None

Approval Date 12/15/94 Effective 10/1/94