




PROVIDER BULLETIN

No. 19-01

DATE: January 3, 2019

TO: Aged & Disabled (AD) Medicaid Waiver Assisted Living Providers
Nebraska Assisted Living Association
LeadingAge Nebraska
Interested Parties

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care 

BY: Stephanie Crouch, DHHS Program Manager II, HCBS AD Waiver Services

RE: 2019 HCBS AD Medicaid Waiver Assisted Living Rates

Attached, please find the Medicaid rate schedule effective January 1, 2019, for assisted living services provided under the Aged & Disabled (AD) Medicaid Waiver. Provider rates will not increase.

The room and board rate for individuals receiving services under the Medicaid AD waiver will be \$707 per month. This increase is due to the 2.8% Social Security cost of living increase (COLA) for 2019. The personal needs allowance remains at \$64 per month unless the resident is notified differently by the Department.

Questions on the new rate schedule may be directed to DHHS.MLTCHCBS@nebraska.gov.

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx. The "Recent Web Updates" page will help you monitor changes to the Medicaid pages.

Enclosure

cc: Area Agencies on Aging Directors
League of Human Dignity Directors
HCBS AD Waiver Supervisors and Staff

**Home and Community Based Services
Medicaid Aged and Disabled Waiver Assisted Living Rates
Effective January 1, 2019**

Providers are paid for day of discharge	Room and Board Paid by Client	Level 40 Rural Single Occupancy	Level 41 Rural Multiple Occupancy	Level 42 Urban* Single Occupancy	Level 43 Urban* Multiple Occupancy
Report on Medicaid Claims: <ul style="list-style-type: none"> • Total ALF days • All out of facility days • Failure to timely report resident medical absences to the Services Coordinator and on claims may result in sanctions 	Multiple Occupancy <ul style="list-style-type: none"> • Prior DHHS Approval • Consent signed 	Total amount received from client and Medicaid (minus any Share of Cost) <ul style="list-style-type: none"> • Not pro-rated • Notice from the Department 	Total amount received from client and Medicaid (minus any Share of Cost) <ul style="list-style-type: none"> • Not pro-rated • Notice from the Department 	Total amount received from client and Medicaid (minus any Share of Cost) <ul style="list-style-type: none"> • Not pro-rated • Notice from the Department 	Total amount received from client and Medicaid (minus any Share of Cost) <ul style="list-style-type: none"> • Not pro-rated • Notice from the Department
On-Going Monthly Rates					
Standard (Std.)	\$707	\$2,409.00	\$1,945.00	\$2,713.00	\$2,190.00
Admission and Discharge Months					
Daily standard rate for all days client is physically present**	\$707.00 Pro-rated	\$55.96	\$40.70	\$65.95	\$48.76

*Urban Counties - Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward and Washington

**Daily rates equal the daily net amount from Medicaid

The facility must notify the Services Coordinator by the next working day of a medical absence in which a client is admitted to a hospital or nursing facility. This notice is required in order for the Services Coordinator and Central Office to determine continued appropriateness of the assisted living authorization. Failure to report medical absences to the Services Coordinator may result in the facility being required to reimburse the Department for days the client was out of the facility for medical reasons.