PROVIDER BULLETIN NO. 07-28

DATE: November 30, 2007

TO: Aged & Disabled Medicaid Waiver Assisted Living Providers
Pat Snyder, Nebraska Assisted Living Association
Ron Jensen, Nebraska Association of Homes & Services for the Aging
Interested Parties

FROM: Vivianne M. Chaumont, Director of Medicaid & Long Term Care

RE: 2008 Aged & Disabled Medicaid Waiver Assisted Living Rates

Attached please find the 2008 Medicaid rate schedule that will be effective January 1, 2008 for our Aged & Disabled Medicaid Waiver assisted living program. As a result of legislative direction, both rural and urban provider rates are increasing, along with the rates paid to providers participating in the Nursing Facility Conversion Program, by 2%. Refer to the enclosed Rate Chart for additional details.

The Room and Board rate for individuals qualified under the Aged & Disabled Medicaid Waiver has increased to $577 per month to coincide with the Social Security cost of living increase effective January 1, 2008. The Personal Need Allowance remains at $60 per month unless notified differently by the resident's Medicaid Eligibility Worker.

Questions on the new rate schedule may be directed to Jackie Rapier, Program Specialist, at (402) 471-1678 or send e-mail with questions to **jackie.rapier@dhhs.ne.gov**.

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

Enclosure

Cc: Area Agencies on Aging Directors
Center for Independent Living/League of Human Dignity Directors
Waiver Supervisors and Staff

AGED & DISABLED MEDICAID WAIVER ASSISTED LIVING RATES
for Individuals Qualified under the Waiver

Effective January 1, 2008

* Providers are paid for day of discharge	Room & 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 Turnaround Document, MC-4 ▪ Total NH days ▪ All out of facility days ▪ Failure to timely report resident medical absences to Services Coordinator and on MC-4 may result in sanctions	Multiple Occupancy ▪ Prior HHS Approval ▪ Consent signed	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker
ON-GOING MONTHLY RATES					
STANDARD (Std.)	**$577.00**	**$2088.00**	**$1677.00**	**$2359.00**	**$1893.00**
TRUST FUND (TF)	**$577.00**	**$1984.00**	**$1593.00**	**$2241.00**	**$1798.00**
ADMISSION & DISCHARGE MONTHS					
▪ Daily STANDARD rate for all days client is physically present	**$577.00** Pro-rated	**$49.68**	**$36.16**	**$58.59**	**$43.27**
▪ Daily TRUST FUND rate for all days client is physically present	**$577.00** Pro-rated	**$46.26**	**$33.40**	**$54.71**	**$40.14**

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

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.