

PROVIDER BULLETIN NO. 10-62

DATE: December 15, 2010

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

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

RE: 2011 Aged & Disabled Medicaid Waiver Assisted Living Rates

Attached please find the 2011 Medicaid rate schedule that will be effective January 1, 2011 for the Aged & Disabled Medicaid Waiver assisted living service. 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. The Medicaid portion of the Waiver assisted living rates will increase by 0.5%. Refer to the enclosed Rate Chart for additional details.

The Room and Board rate for individuals qualified under the Aged & Disabled Medicaid Waiver remains at \$614 per month as there was no Social Security cost of living increase (COLA) for 2011. The Personal Needs Allowance remains at \$60 per month unless the resident is notified differently by his/her DHHS Social Services 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@nebraska.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
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, 2011

* 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 <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ Prior HHS 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 Medicaid Eligibility Worker 	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker 	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker 	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> ▪ Not pro-rated ▪ Notice from Medicaid Eligibility Worker
ON-GOING MONTHLY RATES					
STANDARD (Std.)	\$614.00	\$2186.00	\$1759.00	\$2468.00	\$1983.00
TRUST FUND (TF)	\$614.00	\$2077.00	\$1671.00	\$2345.00	\$1884.00
ADMISSION & DISCHARGE MONTHS					
Daily STANDARD rate for all days client is physically present ♦	\$614.00 Pro-rated	\$51.68	\$37.64	\$60.95	\$45.01
Daily TRUST FUND rate for all days client is physically present ♦	\$614.00 Pro-rated	\$48.10	\$34.75	\$56.91	\$41.75

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

♦ 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.