

PROVIDER BULLETIN

No. 14-44

DATE: December 18, 2014

TO: Aged and Disabled Medicaid Waiver Assisted Living Providers

FROM: Courtney Miller, Deputy Director *CM*
Division of Medicaid and Long-Term Care

By: Doshie Rodgers, Program Specialist
Home and Community-Based Services Unit

RE: 2015 Aged and Disabled Medicaid Waiver Assisted Living Rates

Attached please find the 2015 Medicaid rate schedule that will be effective January 1, 2015, for the Aged and Disabled Medicaid Waiver assisted living service. As a result of legislative direction, both rural and urban provider rates are increasing. The Medicaid portion of the Waiver assisted living rates will increase by 2.25%. Refer to the enclosed Rate Chart for additional details.

The Room and Board rate for individuals qualified under the Aged & Disabled Medicaid Waiver will increase to \$669 per month due to the 1.7% Social Security cost of living increase (COLA) for 2015. The Personal Needs Allowance remains at \$64 per month unless the resident is notified differently by ACCESSNebraska.

Questions on the new rate schedule may be directed to Doshie Rodgers, Program Specialist, at (402) 471-8091 or send e-mail with questions to doshie.rodgers@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
Waiver Supervisors and Staff

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

Effective January 1, 2015

* 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 Medicaid Claims <ul style="list-style-type: none"> ▪ Total ALF days ▪ All out of facility days ▪ Failure to timely report resident medical absences to 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 ACCESS/Nebraska 	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> ▪ Not pro-rated ▪ Notice from ACCESS/Nebraska 	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> ▪ Not pro-rated ▪ Notice from ACCESS/Nebraska 	TOTAL AMOUNT RECEIVED FROM CLIENT AND MEDICAID (Minus any Share of Cost) <ul style="list-style-type: none"> ▪ Not pro-rated ▪ Notice from ACCESS/Nebraska
ON-GOING MONTHLY RATES					
STANDARD (Std.)	\$669.00	\$2297.00	\$1853.00	\$2588.00	\$2087.00
ADMISSION & DISCHARGE MONTHS					
Daily STANDARD rate for all days client is physically present ♦	\$669.00 Pro-rated	\$53.52	\$38.93	\$63.09	\$46.62

*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.