

REISSUED 11/01/10 - CHANGE NOTICE 18-10

TABLE A -- LTC RATES To be budgeted using LTC procedures:

- \* The A/R must be institutionalized,
- \* Have an approved FL-2 as outlined in MA-2270, and
- \* Must be in need, as determined in Step I.

**A. MINIMUM MEDICAID REIMBURSEMENT RATES**

To determine the minimum Medicaid reimbursement rate (MRR) for 31 days for a skilled nursing facility, refer to V.B.1. The following is the MRR for 31 days for the facilities as listed:

ICF/MR	\$7,062
Hospice Care in a NF (SNF)	\$3,162
Hospice Inpatient Care (Acute hospital)	\$16,977

**B. ACTUAL RATES**

The particular facility's unique Medicaid reimbursement rate for 31 days.

1. NURSING FACILITY

Verify the unique Medicaid per diem rate with the facility's business office for the approved level of nursing services.

2. HOSPITAL INAPPROPRIATE LEVEL OF CARE BED

All hospitals have these beds available. These rates apply to all general hospitals.

	Per Diem	For 31 Days
Skilled	\$123.00	\$3,813
Ventilator	\$370.55	\$11,488

3. HOSPITAL SWING BEDS

A swing bed is certified as a swing bed by Medicare. Not all hospitals have swing beds. Swing bed rates are the same as Hospital Inappropriate Level of Care beds.

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4. HOSPICE CARE IN A NURSING FACILITY

The business office of the Hospice agency can verify the actual rate for room and board and other services provided to the specific individual.

**Or** contact the Budget Management Section of the Division of Medical Assistance at 919/855-4200. Be prepared to state the patient's level of care and the name and address of the nursing facility.

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TABLE B – MEDICARE CO-PAYMENT AMOUNTS **Effective 01-01-09**

MEDICARE PART A

A. Approved Medicare SNF in a Nursing Facility

1. 1-20 days SNF --- no co-pay.
2. 21-100 days --- \$133.50 per day.

B. PART A Hospitalization Benefits

1. First 60 days --- Medicare Part A deductible, \$1,068.00 total.
2. 61st through 90th day --- \$267.00 per day.
3. 60 lifetime reserve days --- \$534 per day.

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TABLE C -- STANDARD UTILITY ALLOWANCE **Effective 11/01/10**

<u>Household Size</u>	<u>Standard Allowance</u>
1	<b>\$277</b>
2	<b>\$305</b>
3-4	<b>\$336</b>
5 or more	<b>\$366</b>

**TABLES – MA-2270**

06/01/01

TABLE D -- When To Submit A FL-2 or MR-2 For Prior Approval

**New Prior Approval Required [FL-2 with or without PASARR, or MR-2]**

<b>FROM</b>	<b>TO</b>					
	Hospital	Nursing Facility	ICF/MR	CAP/DA, CAP/C & CAP/AIDS	CAP-MR/DD	PRTF
Home	NO	FL-2 w/PASARR	MR-2	FL-2	MR-2	NO
Hospital	NO	FL-2 w/PASARR	MR-2	FL-2	MR-2	NO
Nursing Facility	NO	FL-2 w/PASARR	MR-2	FL-2	MR-2	NO
ICF/MR	NO	FL-2 w/PASARR	MR-2	FL-2	MR-2	NO
CAP/DA, CAP/C & CAP/AIDS	NO	FL-2 w/PASARR	MR-2	FL-2 required if change in level of care	MR-2	NO
CAP-MR/DD	NO	FL-2 w/PASARR	MR-2	FL-2	NO	NO
PRTF	NO	FL-2 w/PASARR	MR-2	FL-2	MR-2	NO

NOTE: Rehabilitation centers usually provide either SNF care, or the more specialized level of care, HI (head injury). Individuals who request Medicaid payment of cost of care in a nursing facility rehabilitation center are requested to have prior approval on the FL-2/MR-2. If the care is HI, additional medical documentation will be submitted with the FL-2. Copy the entire package of material and route as usual to EDS Federal.