

**N.H. Department of Health & Human Services (DHHS)
Division of Community-Based Care Services (DCBCS)
Bureau of Elderly & Adult Services (BEAS)**

**129 Pleasant St.
Concord, NH 03301**

STATE OF NEW HAMPSHIRE BEAS RELEASE OF POLICY	
PR NUMBER:	15-03 PR 1.1.15
FROM:	Diane Langley, Director, Bureau of Elderly and Adult Services
OFFICE OF:	Bureau of Elderly and Adult Services
SIGNATURE	
SIGNATURE DATE:	February 19, 2015
SUBJECT:	Release of Updated Appendix A, "Nursing Facility Rates"
TO:	BEAS Staff; Appendix A Recipients; DCS Supervisors
EFFECTIVE DATE:	January 1, 2015

BACKGROUND/SUMMARY

This PR releases the updated Appendix A of the Medicaid Manual, which contains nursing facility rates.

In Appendix A of the Medicaid Manual, each nursing facility is listed alphabetically, together with its per diem and monthly rates. These rates are calculated periodically based on information obtained by the Bureau of Elderly and Adult Service's Rate Setting Unit. The NH Department of Health and Human Services' computerized eligibility system contains a table with the per diem rates for each nursing facility, and the monthly rate is calculated by multiplying the per diem rate by 30.42. Appendix A has been updated to include these new rates.

Appendix A includes rates for atypical care. An atypical unit and/or facility devotes its services exclusively to highly specialized care, the nature of which makes it incomparable to other nursing facilities for the purpose of rate setting.

Where applicable, an asterisk (*) precedes the facility type code as a means of differentiating atypical care rates.

The previous Appendix A, which was effective July 1, 2014 and was released by 14-22 PR, should be retained until further notice. Please post the updated Appendix A according to the instructions below.

IMPLEMENTATION

The effective dates of the most recent rates are listed for each facility in the updated Appendix A. These rates have already been entered into the Medicaid Management Information System for claims calculation.

Questions on this PR should be emailed to Jennifer Doig at jennifer.h.doig@dhhs.state.nh.us

POSTING INSTRUCTIONS

Medicaid Manual

Remove and Retain

14-22 PR 7.1.14 Appendix A,
pages 1-5, dated 7/14

Insert

15-03 PR 1.1.15,
Appendix A,
pages 1-5, dated 1/15

DISTRIBUTION

15-03 PR is being distributed to certain DHHS staff members, including BEAS staff, as indicated above.

DISPOSITION

15-03 PR may be destroyed once the content has been noted and the posting instructions carried out.

	ITEM APPENDIX A	PAGE 1
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 01-2015 15-03 PR 01.01.15

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days (leap year). The statewide average daily private paying rate (ICF and SNF) is \$300.07.

FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Alice Peck Day Memorial Hospital	3/8	\$105.93	\$3,222.39	3071163	1/1/1999
S Androscoggin Valley Hosp, Berlin	3/8	\$105.93	\$3,222.39	3073139	1/1/1999
Applewood Care & Rehabilitation Center	3/8	\$140.45	\$4,272.49	3076962	1/1/2015
Aurora Senior Living of Derry	3/8	\$154.33	\$4,694.72	3071058	1/1/2015
Bedford Hills Care & Rehabilitation Center	3/8	\$158.49	\$4,821.27	3077268	1/1/2015
Bel Air - Goffstown	3/8	\$141.35	\$4,299.87	3095281	1/1/2015
Belknap County, Laconia	2/8	\$155.91	\$4,742.78	3077146	1/1/2015
S Cheshire Medical Center	3/8	\$105.93	\$3,222.39	3080131	1/1/1999
Clipper Harbor of Portsmouth Care & Rehab	3/8	\$163.43	\$4,971.54	3077280	1/1/2015
Colonial Hill of Rochester Care & Rehab	3/8	\$166.80	\$5,074.06	3079685	1/1/2015
Colonial Poplin	3/8	\$169.71	\$5,162.58	3080672	1/1/2015
Coos County, Berlin	2	\$153.13	\$4,658.21	3071149	1/1/2015
Coos County, West Stewartstown	2	\$152.62	\$4,642.70	3071146	1/1/2015
S Cottage Hospital, Woodsville	3/8	\$105.93	\$3,222.39	3074431	1/1/1999
Country Village Center	3/8	\$154.36	\$4,695.63	3071564	1/1/2015
Courville at Manchester	3/8	\$160.59	\$4,885.15	3071145	1/1/2015
Courville at Nashua	3/8	\$162.34	\$4,938.38	3071060	1/1/2015
Crestwood Care & Rehabilitation Center	3/8	\$154.92	\$4,712.67	3079681	1/1/2015
Crotched Mt, HI, Greenfield	8	\$617.95	\$18,798.04	3071563	4/1/2010
Crotched Mt, Pedi, Greenfield	*8	\$510.11	\$15,517.55	3071562	4/1/2010
Crotched Mt, Vent, Greenfield	8	\$622.16	\$18,926.11	3094419	4/1/2012
Dover Center for Health and Rehabilitation	3/8	\$165.15	\$5,023.86	3083629	1/1/2015
Edgewood Manor, Portsmouth	3	\$157.38	\$4,787.50	3077497	1/1/2015
Edgewood Manor, Portsmouth	8	\$573.00	\$17,430.66	3077497	8/14/2012
Edgewood Manor, Portsmouth	*8	\$353.68	\$10,758.95	3077497	1/1/2009
Elm Wood Center at Claremont	3/8	\$156.26	\$4,753.43	3071547	1/1/2015
Epsom HealthCare Center (Heartland), Epsom	3/8	\$143.43	\$4,363.14	3094362	1/1/2015
Exeter on Hampton Care & Rehab Center	3/8	\$161.98	\$4,927.43	3079684	1/1/2015

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Fairview, Hudson	3/8	\$150.07	\$4,565.13	3071158	1/1/2015
S Franklin Hospital, Franklin, NH	3/8	\$105.93	\$3,222.39	3074363	7/1/2002
Glencliff Home for the Elderly	4	\$356.34	\$10,281.35	3077265	11/1/2014
Good Shepherd N.H., Jaffrey	3/8	\$155.99	\$4,745.22	3071574	1/1/2015
Grafton County, Woodsville	2/8	\$158.95	\$4,835.26	3071147	1/1/2015
Hackett Hill Healthcare, Manchester	3/8	\$153.71	\$4,675.86	3099479	1/1/2015
Hanover Hill, Manchester	3/8	\$162.39	\$4,939.90	3071582	1/1/2015
Hanover Terrace	3/8	\$142.44	\$4,333.02	3098312	1/1/2015
Harris Hill Center	3/8	\$161.00	\$4,897.62	3079064	1/1/2015
Havenwood, Concord	3/8	\$154.44	\$4,698.06	3078147	1/1/2015
Hillsboro House, Hillsboro	3/8	\$137.85	\$4,193.40	3079061	1/1/2015
Hillsborough County, Goffstown	2/8	\$159.99	\$4,866.90	3076961	1/1/2015
Hillsborough County, Goffstown	*2/*8	\$209.54	\$6,374.21	3076961	1/1/2009
Holy Cross Health Center	3/8	\$146.84	\$4,466.87	3071159	1/1/2015
S Huggins Hospital, Wolfeboro	3/8	\$105.93	\$3,222.39	3079053	1/1/1999
Keene Center	3/8	\$160.14	\$4,871.46	3071550	1/1/2015
Kindred Transitional Care & Rehabilitation-Braintree	8	\$425.00	\$12,928.50	30104061	4/1/2013
Kindred Transitional Care & Rehabilitation-Greenbriar	3/8	\$141.63	\$4,308.38	3079768	1/1/2015
Kindred Transitional Care & Rehabilitation-Greenbriar	*8	\$250.18	\$7,610.48	3079768	2/26/2013
Laconia Rehab Center	3/8	\$167.31	\$5,089.57	3071568	1/1/2015
Laconia Rehab Center	*3	\$353.68	\$10,758.95	3071568	11/1/2013
Laconia Rehab Center	*8	\$539.33	\$16,406.42	3071568	7/1/2012
Lafayette Center	3/8	\$164.25	\$4,996.49	3071552	1/1/2015
S Lakes Region General, Laconia	3/8	\$105.93	\$3,222.39	3074362	1/1/1999
Langdon Place of Dover	3/8	\$158.60	\$4,824.61	3077777	1/1/2015
Langdon Place of Keene	3/8	\$163.90	\$4,985.84	3079683	1/1/2015
Laurel Center - Bedford	3/8	\$138.25	\$4,205.57	3098212	1/1/2015
Lebanon Center	3/8	\$165.98	\$5,049.11	3071554	1/1/2015

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S Littleton Hospital, Littleton	3/8	\$105.93	\$3,222.39	3080827	1/1/1999
Mapleleaf Healthcare, Manchester	3/8	\$144.05	\$4,382.00	3094361	1/1/2015
Maplewood of Cheshire County, Westmoreland	2/8	\$155.11	\$4,718.45	3077307	1/1/2015
Maplewood of Cheshire County, Westmoreland	*2/*8	\$213.64	\$6,498.93	3077307	1/1/2009
S Memorial Hospital, North Conway	3/8	\$105.93	\$3,222.39	3074432	1/1/1999
Merrimack County, Penacook	2/8	\$158.20	\$4,812.44	3071571	1/1/2015
Merriman House, Memorial Hospital, N Conway	3	\$151.51	\$4,608.93	3071148	1/1/2015
Metro Health, Goldenview, Meredith	3/8	\$159.82	\$4,861.72	3076977	1/1/2015
Mineral Springs of N. Conway Care & Rehab	3/8	\$151.11	\$4,596.77	3077457	1/1/2015
S Monadnock Hospital, Peterborough	3/8	\$105.93	\$3,222.39	3074435	1/1/1999
Morrison Hospital, Whitefield	3/8	\$164.21	\$4,995.27	3076978	1/1/2015
Mountain Ridge Center	3/8	\$156.78	\$4,769.25	3076554	1/1/2015
Mountain View of Carroll County	2/8	\$162.98	\$4,957.85	3071059	1/1/2015
Mt. Carmel, Manchester	3/8	\$151.96	\$4,622.62	3071565	1/1/2015
S New London Hospital, New London	3/8	\$105.93	\$3,222.39	3076518	1/1/1999
NH Hospital - Psych, Concord	7	\$1,346.00	\$40,945.32	80304000	10/1/2011
Oceanside Health & Rehab, Hampton	3/8	\$160.02	\$4,867.81	3077751	1/1/2015
Pheasantwood Care & Rehabilitation Center	3/8	\$141.69	\$4,310.21	3079680	1/1/2015
Pleasant Valley Nursing Home	3/8	\$143.56	\$4,367.10	3096252	1/1/2015
Pleasant View Center	3/8	\$169.00	\$5,140.98	3077749	1/1/2015
Presidential Oaks -N. H. Odd Fellows, Concord	3/8	\$165.11	\$5,022.65	3077464	1/1/2015
Ridgewood Center	3/8	\$171.11	\$5,205.17	3071549	1/1/2015
Riverside of Strafford County, Dover	2/8	\$142.99	\$4,349.76	3071061	1/1/2015
Riverside of Strafford County, Dover	*2/*8	\$216.20	\$6,576.80	3071061	1/1/2009
Rochester Manor, Rochester	3/8	\$144.79	\$4,404.51	3078548	1/1/2015
Rockingham County, Epping	2/8	\$160.30	\$4,876.33	3071581	1/1/2015
Salemhaven Health Care, Salem	3/8	\$151.99	\$4,623.54	3071566	1/1/2015
S Sceva Speare, Plymouth	3/8	\$105.93	\$3,222.39	3077711	1/1/1999

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
St. Ann, Dover	3/8	\$157.74	\$4,798.45	3071561	1/1/2015
St. Francis, Laconia	3/8	\$160.35	\$4,877.85	3071559	1/1/2015
St. Johnsbury CC, St. Johnsbury, VT	3/8	\$191.36	\$5,821.17	3085728	4/1/2013
St. Joseph Residence	3/8	\$155.67	\$4,735.48	3077269	1/1/2015
St. Teresa's, Manchester	3/8	\$153.52	\$4,670.08	3076367	1/1/2015
St. Vincent de Paul, Berlin	3/8	\$152.62	\$4,642.70	3071558	1/1/2015
Sullivan County, Claremont	2/8	\$153.77	\$4,677.68	3077772	1/1/2015
The Elm's Nursing & Rehabilitation Center	3/8	\$151.92	\$4,621.41	3079682	1/1/2015
S Upper Connecticut Valley, Colebrook	3/8	\$105.93	\$3,222.39	3078954	1/1/1999
S Valley Regional Hospital, Claremont	3/8	\$105.93	\$3,222.39	3075262	1/1/1999
Villa Crest, Manchester	3/8	\$145.27	\$4,419.11	3094360	1/1/2015
W. P. Clough, New London	3/8	\$144.86	\$4,406.64	3079068	1/1/2015
Warde H.C., Windham	3/8	\$181.46	\$5,520.01	3078166	1/1/2015
Webster at Rye	3/8	\$151.99	\$4,623.54	3080660	1/1/2015
S Weeks Hospital, Lancaster	3/8	\$105.93	\$3,222.39	3073196	1/1/1999
Westwood Care & Rehabilitation Center	3/8	\$151.65	\$4,613.19	3077458	1/1/2015
Wolfeboro Bay Care & Rehabilitation Center	3/8	\$155.02	\$4,715.71	3079686	1/1/2015
Woodlawn, Greenleaf, Newport	3/8	\$150.90	\$4,590.38	3071572	1/1/2015
<u>ICF/MRs:</u>					
Cedarcrest, Keene	3	\$392.33	\$11,934.68	3077266	1/1/2009
Cedarcrest, Keene	*3	\$602.75	\$18,335.66	3077266	1/1/2009
Cedarcrest, Keene	8	\$928.29	\$28,238.58	3077266	2/22/2012
Cedarcrest, Keene	*8	\$795.21	\$24,190.29	3077266	2/22/2012

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
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Pursuant to RSA 151-E:11 and He-E 801.09, the Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS) must conduct a cost comparison between the cost of a Choice for Independence (CFI) participant's home-based services and the average annual cost of the provision of services to a person in a nursing facility. This average annual cost for the provision of services to a person in a nursing facility is calculated by the BEAS rate setting unit using the methodology described in Administrative Rule He-E 801.09.

Average Annual Nursing Home Cost for Acuity-Based Facilities

1/1/2015	Annually	Monthly	Weekly	Daily
100%	\$74,120	\$6,177	\$1,425	\$203.07
80% - Signature required	\$59,296	\$4,941	\$1,140	\$162.45
60%	\$44,472	\$3,706	\$855	\$121.84
50%	\$37,060	\$3,088	\$713	\$101.53

RSA 151-E:11 and He-E 801.10 state that the commissioner must review and approve any CFI service plan that exceeds 80% of the average nursing facility cost. The commissioner's prior approval process must include a review of the cost of nursing facility services at a nursing facility qualified to provide services, including any specialized services, that would be necessary for the proper care and treatment of the CFI applicant or participant. He-E 806.36 describes how nursing facilities are reimbursed for specialized or atypical care.

Average Annual Nursing Home Cost for Atypical Ventilator Care Facilities

1/1/2015	Annually	Monthly	Weekly	Daily
100%	\$208,298	\$17,358	\$4,006	\$570.68
80% - Signature required	\$166,639	\$13,887	\$3,205	\$456.54
60%	\$124,979	\$10,415	\$2,403	\$342.41
50%	\$104,149	\$8,679	\$2,003	\$285.34

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS