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Assembly Bill 1629 Rate Methodology Policy Update for Supplemental Schedules and OSHPD Cost Reporting

Pursuant to the Medi-Cal Long Term Care Reimbursement Act enacted under Article 3.8 (commencing with Section 14126) of Chapter 7 Part 3 of Division 9 of Welfare and Institutions Code (W&I Code) (added by AB 1629 of 2004), the Department of Health Care Services (DHCS) is required to develop Medi-Cal cost-based, facility-specific reimbursement rates for Free-Standing Nursing Facilities Level B (FS/NF-Bs) and subacute care units of FS/NF-Bs. W&I Code, Section 14126.023, subdivision (g), further authorizes DHCS to collect supplemental cost information in order to develop the facility-specific rates.

In order to accurately identify the supplemental costs, FS/NF-Bs have been required to submit the *Administration Costs Supplemental Schedule* (Supplemental Schedule 1), *Agency Costs for Indirect Care Services Supplemental Schedule* (Supplemental Schedule 2) and the optional *Capital Supplemental Schedule*.

Starting with Fiscal Year (FY) January 1, 2009, the Office of Statewide Health Planning and Development (OSHPD) cost report will begin using the following new schedules in lieu of Supplemental Schedules: *Expense Trial Balance Worksheet* (10.5), *Capital Additions, Improvements, and Replacements* (10.6) and the optional *Alternate Allocation Statistics* (10.7). Therefore, the previous Supplemental Schedules will no longer be required as of January 1, 2009.

Except for the optional 10.7 Schedule, all FS-NF-Bs must complete and submit to OSHPD Schedules 10.5 and 10.6 beginning with FY January 1, 2009. Any incomplete, inaccurate or altered schedules will not be accepted for rate-setting purposes.

Any questions may be submitted by e-mail to <u>AB1629@dhcs.ca.gov</u> or by telephone at (916) 552-8613.

LTC 1

Instructions for Manual Replacement Pages March 2009

Part 2

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Contents for Long Term Care Billing and Policy i/ii * appeal form 7/8 * Remove and replace:

Remove: cal child 1 thru 4

cif co 3/4 * Remove and replace:

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I-J tab: incont sup 1 thru 5 incont 1 thru 10 (new) * Replace with: incont con 1 (new) *

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Pages updated due to ongoing provider manual revisions.