



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM  
Nursing Home Transmittal No. 246**

**June 18, 2013**

TO: Nursing Home Administrators

FROM: Susan J. Tucker, Executive Director  
*Susan J. Tucker*  
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Fiscal Year 2014 Interim Rates

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Enclosed are your facility's Fiscal Year 2014 interim rates which will become effective with payments for services provided on July 1, 2013. Interim rate calculations continue to be based upon cost report data submitted for providers' Fiscal Year 2007, indexed forward to December 2008; rates are not rebased with more recent cost reports. Providers' interim rate changes since that period, as approved by Myers and Stauffer LC, are reflected in the rates.

Please check the provider number at the top of the enclosed rate letter to ensure that you have received the correct data. A copy of these rates should be furnished to your accountant or bookkeeper for setting up your accounts.

**Fiscal Year 2014 Interim Rates**

In order to increase average reimbursement by 1.725 percent, net payments in the Administrative/Routine, Other Patient Care and Capital cost centers have been increased by 3.2 percent.

**Quality Assessments**

For most facilities, the nursing facility quality assessment rate for Fiscal Year 2014 will be \$23.59 per non-Medicare day of care. The projected reimbursable amount for the assessments has been accounted for in the interim payment in the Capital cost center. A separate memorandum will be issued regarding the Fiscal Year 2014 assessments.

### **Personal Needs Allowance**

The personal needs allowance for Medicaid nursing home recipients will increase to \$75 per month for individuals and \$150 per month for couples.

### **Providers Electing Statewide Average Payment**

For those providers with fewer than 1,000 days of care to Maryland Medicaid recipients that elected not to submit a cost report and accept as payment the statewide average Medicaid nursing home payment for each day of care during Fiscal Year 2014 (COMAR 10.09.10.13N), the payment rate is \$239.41.

Any questions regarding this transmittal or the rates on the enclosed rate letter should be directed to the Nursing Home Section of the Division of Long Term Care Services at 410-767-1736.

Enclosure

SJT/seh

cc: Nursing Home Liaison Committee