



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. 235**  
**July 6, 2011**

TO: Nursing Home Administrators  
*Susan J. Tucker*  
FROM: Susan J. Tucker, Executive Director  
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 2012 Interim Rates

Enclosed are your facility's Fiscal Year 2012 interim rates which will become effective with payments for services provided on July 1, 2011. 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.

Rates are revised in order to increase net reimbursement by an average of 1.5 percent, not including reimbursement of increased quality assessment costs. Payments in the Administrative/Routine, Other Patient Care, and Capital cost centers will be reduced by 1.623 percent instead of the previous 4.158 percent. The Department is amending COMAR 10.09.10 to reflect this change.

Capital reimbursement is based partially on the debt and lease information furnished to Myers and Stauffer LC. Any significant changes in the provider's capital status (e.g., exercise of lease option to purchase) should be reported to Myers and Stauffer LC immediately.

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.

**Quality Assessments**

Nursing facility quality assessment rates will increase in Fiscal Year 2012 and the projected reimbursable amount for the increased assessments has been accounted for in the interim payment in the Capital cost center. For most facilities, the rate will be \$19.94 per non-Medicare day of care. A separate memorandum will be issued regarding the Fiscal Year 2012 assessments.

**Personal Needs Allowance**

The personal needs allowance for Medicaid nursing home recipients will remain at \$71 per month for individuals and \$142 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 2012 (COMAR 10.09.10.13N), the payment rate is \$229.12.

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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 410-767-1712.

Enclosure  
SJT/seh  
cc: Nursing Home Liaison Committee