



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. 248**  
**June 30, 2014**

TO: Nursing Home Administrators  
FROM: Susan J. Tucker, Executive Director  
Office of Health Services

RE: Fiscal Year 2015 Interim Rates

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

\*\*\*\*\*

**Fiscal Year 2015 Interim Rates**

Fiscal Year 2015 interim rates, effective July 1, 2014, have not changed from the rates paid on June 30, 2014 except for those providers whose FY 2014 rates were adjusted to correct for an error in the application of the FY 2014 occupancy standard. These providers' rates, effective July 1, 2014, do not include the amounts added to annualize the correction.

Enclosed are your facility's Fiscal Year 2015 interim rates effective with payments for services provided on July 1, 2014. 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.

The July 1, 2014 rate letters include narrative that was in the FY 2014 rate letters, namely reference to the 3.2 percent increase in rates in the Administrative/Routine, Other Patient Care and Capital cost centers. Please note that this FY 2014 increase in rates has been maintained in the July 1, 2014 rates; however, there is not an increase in the July 1, 2014 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.

**Quality Assessments**

Quality Assessment rates effective July 1, 2014 have not changed from those in effect for Fiscal Year 2014. They remain at \$23.59 per non-Medicare day of care for the majority of providers and \$5.41 per non-Medicare day for the five providers with the most Medicaid days of care. The projected reimbursable amounts for the assessments remain accounted for in the interim payment in the Capital cost center.

**Personal Needs Allowance**

The personal needs allowance for Medicaid nursing home recipients will increase to \$76 per month for individuals and \$152 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 (COMAR 10.09.10.13N), the rate remains at \$239.87 per day.

\* \* \*

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