CASE MIX INDICES
Effective January 1, 1994 - June 30, 1994

RUG-III Group	CODE	CMI
SPECIAL REHABILITATION		
REHAB VERY HI 14-18	RVC	4.56
REHAB VERY HI 8-13	RVB	3.74
REHAB VERY HI 4-7	RVA	3.57
REHAB HI 15-18	RHD	3.76
REHAB HI 12-14	RHC	3.07
REHAB HI 8-11	RHB	3.05
REHAB HI 4-7	RHA	2.81
REHAB MED 16-18	RMC	2.77
REHAB MED 8-15	RMB	2.29
REHAB MED 4-7	RMA	2.18
REHAB LO 12-18	RLB	1.73
REHAB LO 4-11	RLA	1.56
EXTENSIVE SERVICES		
EXTENSIVE 3	SE3	4.54
EXTENSIVE 2	SE2	2.64
EXTENSIVE 1	SE1	1.79
SPECIAL CARE		
SPECIAL 17-18	SSC	1.61
SPECIAL 14-16	SSB	1.44
SPECIAL 7-13	SSA	1.35
CLINICALLY COMPLEX		
COMPLEX 17-18D	CD2	1.40
COMPLEX 17-18	CD1	1.35
COMPLEX 11-16D	CC2	1.26
COMPLEX 11-16	CC1	1.18
COMPLEX 6-10D	CB2	1.20
COMPLEX 6-10	CB1	1.07
COMPLEX 4-5D	CA2	1.05
COMPLEX 4-5	CA1	0.87

RUG-III Group	CODE	CMI
IMPAIRED COGNITION		
IMPAIRED 6-10N	IB2	1.04
IMPAIRED 6-10	IB1	0.94
IMPAIRED 4-5N	IA2	0.83
IMPAIRED 4-5	IA1	0.71
BEHAVIOR PROBLEMS		
BEHAVIOR 6-10N	BB2	1.06
BEHAVIOR 6-10	BB1	0.93
BEHAVIOR 4-5N	BA2	0.74
BEHAVIOR 4-5	BA1	0.65
REDUCED PHYSICAL FUNCTIONS		
PHYSICAL 16-18N	PE2	1.14
PHYSICAL 16-18	PE1	1.10
PHYSICAL 11-15N	PD2	1.08
PHYSICAL 11-15	PD1	1.02
PHYSICAL 9-10N	PC2	0.96
PHYSICAL 9-10	PC1	0.96
PHYSICAL 6-8N	PB2	0.86
PHYSICAL 6-8	PB1	0.76
PHYSICAL 4-5N	PA2	0.76
PHYSICAL 4-5	PA1	0.62

COMPILATION OF COST CENTER LIMITATIONS
Effective 01/01/94

Schedule B
Percentiles

	BEFORE INFLATION					***AFTER INFLATION***				
	ADMIN	PLT OP	RM&BD	HLTCR	TOTAL	ADMIN	PLT OP	RM&BD	HLTCR	TOTAL
HIGH	40.06	20.39	39.83	113.90	169.50	43.06	21.53	41.72	118.00	176.56
99TH	13.04	9.50	20.34	47.95	80.34	13.64	10.01	21.20	49.75	83.56
95TH	9.69	7.10	17.84	40.69	72.58	10.12	7.48	18.69	42.35	75.60
90TH	8.74	6.39	16.01	37.28	66.28	9.25	6.72	16.74	38.64	69.09
85TH	7.90	5.60	14.95	35.39	63.10	8.28	5.92	15.63	36.76	65.55
80TH	7.54	5.33	14.21	33.56	59.52	7.88	5.53	14.85	34.80	62.02
75TH	7.32	4.89	13.59	31.87	56.56	7.65	5.15	14.20	33.04	58.81
70TH	7.04	4.71	13.07	30.90	54.10	7.36	4.93	13.74	32.07	56.34
65TH	6.84	4.45	12.74	30.15	52.25	7.07	4.70	13.32	31.30	54.43
60TH	6.50	4.33	12.45	29.12	51.25	6.73	4.55	13.03	30.19	53.37
55TH	6.18	4.17	12.30	28.18	50.08	6.46	4.40	12.85	29.22	52.20
50TH	5.90	4.09	11.85	27.24	49.33	6.18	4.29	12.38	28.25	51.33
40TH	5.56	3.87	11.32	25.73	47.28	5.74	4.09	11.86	26.67	49.23
30TH	5.12	3.66	10.80	24.39	45.80	5.29	3.85	11.30	25.27	47.76
20TH	4.60	3.38	10.50	22.78	43.08	4.81	3.56	11.00	23.54	44.90
10TH	4.11	3.10	9.80	20.85	40.96	4.22	3.27	10.26	21.68	42.65
1ST	3.13	2.32	8.65	16.90	34.78	3.32	2.43	9.06	17.50	36.22
LOW	1.88	1.90	8.24	13.18	32.76	1.92	2.02	8.61	13.66	34.11
MEAN	6.60	4.60	12.85	28.67	52.72	6.87	4.84	13.44	29.74	54.89
WTMN	6.33	4.46	12.46	28.50	51.75	6.60	4.70	13.04	29.57	53.90
NUMBER OF PROVIDERS.					382					382

JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

December 29, 1993

Dear Administrator:

We forwarded the per diem rate shown on the attached Case Mix Payment Schedule (computer print-out) to our fiscal agent, EDS-Federal. The rate is effective January 1, 1994. The payment schedule reflects the new phased in rate under the Case Mix payment system. It is 50% of the previous rate and 50% of the case mix rate. However, no provider shall receive a rate lower than the previous rate.

SRS determined this rate by applying the appropriate Medicaid program policies and regulations to the cost report (Form MS 2004) data shown on the enclosed payment schedule. Desk review adjustments to the cost report were sent previously. **IF YOU HAVE QUESTIONS ABOUT ANY DESK REVIEW ADJUSTMENT, CALL THE ADULT CARE HOME PROGRAM'S AUDIT MANAGER IN SRS AUDIT SERVICES AT (913) 296-3836.**

IMPORTANT NOTICE;
PLEASE READ THE ATTACHED NOTICE REGARDING PRIVATE PAY RATES. PROVIDERS WILL NEED TO NOTIFY US OF THEIR PRIVATE PAY RATE(S) BY APRIL 1, 1994.

You have the right to request a fair hearing appeal within thirty (30) days of the date on this rate notification letter, pursuant to K.A.R. 30-7-64 et seq. The written request for such an appeal should be sent to and received by the SRS Administrative Hearings Section, 2nd Floor, 610 West Tenth, Topeka, KS 66612. A failure to timely request or pursue such an appeal may adversely affect your rights on any other judicial review actions.

If you have questions regarding the Medicaid rate, other than those on desk review adjustments, write to me or call at (913) 296-0703.

Sincerely,

Bill McDaniel

Bill McDaniel, Administrator
Nursing Facility Reimbursement
Income Support/Medical Services Commission

BRM:ckc
Enclosure

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

IMPORTANT NOTICE

Dear Administrator:

Effective January 1, 1994, the following regulations were adopted in Kansas Administrative Regulation 30-10-18(b), Comparable Service Rate Limitations:

(1) For each nursing facility and nursing facility for mental health, the per diem rate for care shall not exceed the rate charged for the same type of service to residents not under the medicaid/medikan program.

(2) The agency shall maintain a registry of private pay rates submitted by providers. (A) Providers shall notify the agency by <u>certified mail</u> of any private pay rate change and the effective date of that change. (Underlining added for emphasis) (B) The private pay rate registry shall be updated based on the notification from the providers. (C) The registry shall become effective on the first day of the third month after the regulation is adopted. The providers shall have the same length of time to notify the agency of the provider's private pay rate or the registry shall reflect the last private pay rate on file. **(Note: This makes the registry effective April 1, 1994)**

(3) The average private pay rate for comparable services shall be included in the registry. The average private pay rate may consist of the following variables. (A) A differential for a private room can be included in the average private pay rate when medicaid/medikan residents are placed in a private room at no extra

charge and the private room is not medically necessary. (B) Extra charges for ancillaries, routine supplies and other items included in the medicaid/medikan rate or payment outside of the rate, such as oxygen, can be included in the average private pay rate. (C) If a level of care system is used to determine the average private pay rate, it shall be based on the level of care that best characterizes the overall medicaid/medikan population in the facility. For example, if the overall medicaid/medikan characteristics reflect moderate care, the private pay rate shall be based on the moderate level of care for comparable services.

(4) The average private pay rate shall be based on what the provider reasonably expects to receive from the resident. If the private pay charges are consistently higher than what the provider receives from the residents for services, then the average private pay rate for comparable services shall be based on what is actually received from the residents.

(5) When providers are notified of the effective date of the medicaid/medikan rate, the following procedures shall be followed. (A) If the private pay rate indicated on the agency register is lower, then the medicaid/medikan rate, beginning with its effective date, shall be lowered to the private pay rate reflected on the registry. (B) Providers who subsequently notify the agency by certified mail of the private pay rate shall have the medicaid/medikan rate adjusted the first day of the month following the date of the certified letter.

If you have questions concerning the Private Pay Rate Registry, please call Chris Chase, Office Specialist, or Bill McDaniel, Administrator of Nursing Facility Reimbursement at (913) 296-0703.

1229932304210011

123456789012345678901234

STATE OF KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DIVISION OF MEDICAL SERVICES - MEDICAID ADULT CARE HOME COST ANALYSIS

CASE MIX SCHEDULE
PAGE 1

* * **** PROVIDER INFORMATION *** ** *

PROVIDER NO..... 0506-6

FACILITY NAME..... Hodgeman Co Health Center - LTCU
ADDRESS..... 809 Bramley, P.O. Box 367
CITY/STATE/ZIP.... Jetmore, KS 67854
ADMINISTRATOR..... Roger Salisbury

REPORT YEAR END... 12/31/92
FISCAL YEAR END... 12/31/92

HISTORICAL..... 2.734

ESTIMATED..... 3.468

CMI..... 1.02

BEDS AVAILABLE	PRIOR	CURRENT	%CHG
NURSING FACILITY.....	36	36	0.0
NF-MENTAL HEALTH.....	0	0	0.0
OTHER.....	0	0	0.0
TOTAL.....	36	36	0.0
BED DAYS AVAILABLE...	13,140	13,176	0.3
INPATIENT DAYS.....	11,998	12,200	1.7
OCCUPANCY RATE.....	91.3	92.6	1.4
MEDICAID DAYS.....	4,421	5,360	21.2
CAL DAYS IF APPL.....	0	0	
RES DAYS USED IN DIV.	11,998	12,200	

==========

** * ** **RECAP OF RESIDENT RELATED EXPENSES AND RATE CALCULATION * *****

	ADMIN	PLANT OPERATING	ROOM & BOARD	HEALTH CARE	TOTAL
RES RELATED EXP.....	85,936	72,310	239,154	360,275	757,675
COST PER RESIDENT DAY....	7.04	5.93	19.60	29.53	62.10
INFLATION.....	0.32	0.31	0.86	1.07	2.56
PPD COST BEFORE LIMITS...	7.36	6.24	20.46	30.60	64.66
PPD COST LIMITS.....NF	7.65	7.79	16.74	39.41	71.59
ALLOWED COST.....	7.36	6.24	16.74	30.60	60.94

		NF
ALLOWED COST.....		60.94
INCENTIVE FACTOR.....		0.00
REAL AND PERSONAL PROPERTY FEE.....		2.27
24-HR NURSING ADJUSTMENT.....		0.00
MINIMUM WAGE ADJUSTMENT.....		0.00
07/01/93 RATE.....		63.21
CASE MIX RATE.....		63.21
RATE WITH HOLDHARMLESS.....	01/01/94	63.21
PRIVATE PAY RATE.....		63.34

* * * * * * EXPENSE STATEMENT * * * * * *

DESCRIPTION	LINE NO.	CURRENT YEAR REPORTED EXPENSE	CURRENT YEAR PROVIDER ADJUSTMT	CURRENT YEAR SRS ADJUSTMT	CURRENT YEAR RESIDENT EXPENSE	CURRENT YEAR PER DAY	PRIOR YEAR RESIDENT EXPENSE	PRIOR YEAR PER DAY	% CHG	LINE NO.	REASON FOR SR ADJUSTMENT
ADMINISTRATION											
SALARY-ADMIN	101	0	0	0	0	0.00	2,033	0.17	0.00	101	
SALARY-CO ADM	102	0	0	0	0	0.00	0	0.00	0.00	102	
OTHER ADM SAL	103	36,121	0	0	36,121	2.96	29,541	2.46	20.33	103	
EMP BENEFITS	104	5,913	0	0	5,913	0.48	4,232	0.35	37.14	104	
OFC SUP & PRINT	105	2,961	0	0	2,961	0.24	4,985	0.42	-42.86	105	
MGT CONSULTING	106	0	0	0	0	0.00	0	0.00	0.00	106	
OWN/REL PTY CMP	107	0	0	0	0	0.00	0	0.00	0.00	107	
CENTRAL OFC	108	0	0	0	0	0.00	0	0.00	0.00	108	
PHONE & COMMUNI	109	2,994	0	0	2,994	0.25	3,013	0.25	0.00	109	
TRAVEL	110	934	0	0	934	0.08	238	0.02	300.00	110	
ADVERTISING	111	1,985	0	0	1,985	0.16	1,036	0.09	77.78	111	
LICENSES & DUES	112	2,031	0	0	2,031	0.17	2,681	0.22	-22.73	112	
LEGAL/ACCTG DP	113	10,779	0	0	10,779	0.88	10,710	0.89	-1.12	113	
INS EXCEPT LIFE	114	13,818	0	0	13,818	1.13	3,151	0.26	0.00	114	
INT EXCEPT R/E	115	5,443	0	0	5,443	0.45	1,820	0.15	200.00	115	
OTHER	117	50	0	0	50	0.00	15,026	1.25	0.00	117	
OTHER	118	2,828	0	79	2,907	0.24	2,330	0.19	26.32	118	Note Attached
O/A LIMIT	119	0	0	0	0	0.00	0	0.00	0.00	119	
TOTAL ADMIN	120	85,857	0	79	85,936	7.04	80,796	6.73	4.61	120	
PLANT OPERATING											
R/E & PP TAXES	121	0	0	0	0	0.00	0	0.00	0.00	121	
SALARIES	126	22,144	0	0	22,144	1.82	24,097	2.01	-9.45	126	
EMP BENEFITS	127	3,625	0	0	3,625	0.30	4,100	0.34	-11.76	127	
OWN/REL PTY CMP	128	0	0	0	0	0.00	0	0.00	0.00	128	
UTILITIES	129	35,395	0	0	35,395	2.90	41,168	3.43	-15.45	129	
MAINT & REPAIR	130	7,038	0	0	7,038	0.58	6,332	0.53	9.43	130	
SUPPLIES	131	3,598	0	-58	3,540	0.29	3,537	0.29	0.00	131	Note Attached
SMALL EQUIPMENT	137	568	0	0	568	0.05	461	0.04	25.00	137	
OTHER	138	0	0	0	0	0.00	0	0.00	0.00	138	
TOTAL PLANT OP	139	72,368	0	-58	72,310	5.93	79,695	6.64	-10.69	139	
ROOM & BOARD											
EMP BENEFITS	141	22,961	0	0	22,961	1.88	25,727	2.14	-12.15	141	
DIETARY-SAL	142	85,837	0	0	85,837	7.04	92,620	7.72	-8.81	142	
OWN/REL PTY CMP	143	0	0	0	0	0.00	0	0.00	0.00	143	
CONSULTANT	144	2,070	0	0	2,070	0.17	1,789	0.15	13.33	144	
FOOD	145	54,852	0	0	54,852	4.50	54,218	4.52	-0.44	145	
SUPPLIES	146	7,895	0	-3,888	4,007	0.33	4,222	0.35	-5.71	146	Note Attach
OTHER	148	534	0	0	534	0.04	629	0.05	-20.00	148	
LAUNDRY-LINEN-SAL	149	32,544	0	0	32,544	2.67	35,202	2.93	-8.87	149	
LINEN - BEDDING	150	2,219	0	0	2,219	0.18	2,260	0.19	-5.26	150	
SUPPLIES	151	4,684	0	-839	3,845	0.32	1,978	0.16	100.00	151	Note Attach
OTHER	153	0	0	0	0	0.00	0	0.00	0.00	153	
HOUSEKEEPING-SAL	154	21,890	0	0	21,890	1.79	23,397	1.95	-8.21	154	
SUPPLIES	155	3,700	0	4,695	8,395	0.69	5,972	0.50	38.00	155	Note Attach
OTHER	158	0	0	0	0	0.00	0	0.00	0.00	158	
TOTAL RM & BOARD	159	239,186	0	-32	239,154	19.60	248,014	20.67	-5.18	159	

EXPENSE STATEMENT

DESCRIPTION	LINE NO.	CURRENT YEAR REPORTED EXPENSE	PROVIDER ADJUSTMT	SRS ADJUSTMT	RESIDENT EXPENSE	PER DAY	PRIOR YEAR RESIDENT EXPENSE	PER DAY	% CHG	LINE NO.	REASON FOR ADJUSTMENT
HEALTH CARE											
NURSING-RN	161	279,551	0	0	279,551	22.91	48,795	4.07	462.90	161	
LPN/LMHT	162a	0	0	0	0	0.00	25,958	2.16	0.00	162a	
LPN/LMHT	162b	0	0	0	0	0.00	0	0.00	0.00	162b	
OTHER NURSING	163a	0	0	0	0	0.00	197,177	16.43	0.00	163a	
OTHER NURSING	163b	0	0	0	0	0.00	0	0.00	0.00	163b	
OTHER NURSING	163c	0	0	0	0	0.00	0	0.00	0.00	163c	
EMP BENEFITS	164	48,096	0	0	48,096	3.94	50,308	4.19	-5.97	164	
OWN/REL PTY CMP	165	0	0	0	0	0.00	0	0.00	0.00	165	
CONSULTANTS	166	10,653	0	0	10,653	0.87	1,345	0.11	690.91	166	
PURCH SERVICES	167	0	0	0	0	0.00	0	0.00	0.00	167	
SUPPLIES	168	7,431	0	90	7,521	0.62	6,387	0.53	16.98	168	Note Attache
OTHER	170	0	0	0	0	0.00	0	0.00	0.00	170	
THPY/OTHER SAL	171a	0	0	0	0	0.00	0	0.00	0.00	171a	
THPY/OTHER SAL	171b	0	0	0	0	0.00	0	0.00	0.00	171b	
THPY/OTHER SAL	171c	0	0	0	0	0.00	0	0.00	0.00	171c	
THPY/OTHER SAL	171d	0	0	0	0	0.00	0	0.00	0.00	171d	
THPY/OTHER SAL	171e	0	0	0	0	0.00	0	0.00	0.00	171e	
THPY/OTHER SAL	171f	0	0	0	0	0.00	0	0.00	0.00	171f	
OWN/REL PTY CMP	172	0	0	0	0	0.00	0	0.00	0.00	172	
PAT ACT/SOC WKR	173a	11,600	0	0	11,600	0.95	13,867	1.16	-18.10	173a	
PAT ACT/SOC WKR	173b	0	0	0	0	0.00	0	0.00	0.00	173b	
PAT ACT/SOC WKR	173c	2,667	0	0	2,667	0.22	3,217	0.27	-18.52	173c	
PAT ACT/SOC WKR	173d	0	0	0	0	0.00	0	0.00	0.00	173d	
PAT ACT SUPPLS	174	121	0	0	121	0.01	382	0.03	-66.67	174	
OCCUP THERAPY	175	0	0	0	0	0.00	0	0.00	0.00	175	
MED RECORDS-CON	176	0	0	0	0	0.00	0	0.00	0.00	176	
PHARM-CONSULTANTS	177	0	0	0	0	0.00	0	0.00	0.00	177	
SPEECH THERAPY	178	0	0	0	0	0.00	0	0.00	0.00	178	
PHYSICAL THERAPY	179	0	0	0	0	0.00	0	0.00	0.00	179	
CONSULTANT	180	0	0	0	0	0.00	0	0.00	0.00	180	
NURSING TRNG	181a	0	0	0	0	0.00	170	0.01	0.00	181a	
NURSING TRNG	181b	145	0	-79	66	0.01	0	0.00	100.00	181b	Note Attach
RESIDENT TRANSP	182	0	0	0	0	0.00	0	0.00	0.00	182	
OTHER	183	0	0	0	0	0.00	0	0.00	0.00	183	
OTHER	188	0	0	0	0	0.00	0	0.00	0.00	188	
TOTAL HLTH CARE	189	360,264	0	11	360,275	29.53	347,606	28.97	1.93	189	
TOTAL ALLOWABLE	190	757,675	0	0	757,675	62.10	756,111	63.01	-1.44	190	
OWNERSHIP											
INT-R/E MORTG	191	0	0	0	0	0.00	0	0.00	0.00	191	
RENT/LEASE	192	3,815	0	0	3,815	0.31	3,878	0.32	-3.13	192	
LEASEHOLD IMPRV	193	0	0	0	0	0.00	0	0.00	0.00	193	
DEPRECIATION	194	33,604	0	0	33,604	2.75	36,814	3.07	-10.42	194	
TOTAL OWNERS	195	37,419	0	0	37,419	3.07	40,692	3.39	26.71		

REAL AND PERSONAL PROPERTY FEE COMPONENT

RYE	RES DAYS	MTG INT	RENT/LEASE	AMORT	DEPR	TOTAL	PPD	PROP ALLOW	VALUE FACTOR	PROP FEE
12/31/83	11,470	7,039	0	0	21,870	28,909	2.52	1.95	0.32	2.27

KANSAS MEDICAID STATE PLAN

Attachment 4.19-D
Part I
Subpart H

Methods and Standards for Establishing Payment Rates-
Skilled Nursing and Intermediate Care Facility Rates
(NFs and NFs/MH)

RESERVED

KANSAS MEDICAID STATE PLAN

Attachment 4.19-D
Part I
Subpart L

Methods and Standards for Establishing Payment Rates-
Skilled Nursing and Intermediate Care Facility Rates
(NFs and NFs/MH)

RESERVED

KANSAS MEDICAID STATE PLAN

Attachment 4.19-D
Part I
Subpart M

Methods and Standards for Establishing Payment Rates-
Skilled Nursing and Intermediate Care Facility Rates
(NFs and NFs/MH)

RESERVED