

CHAPTER 63

LONG-TERM CARE SERVICES

Authority

N.J.S.A. 30:4D-6a(4)(a) and b(14); 30:4D-6.7 and 6.8; 30:4D-7, 7a, b and c; 30:4D-12; Section 1919 of the Social Security Act; 42 U.S.C. § 1396r; 42 C.F.R. 483; and P.L. 1985, c.303.

Source and Effective Date

R.1999 d.364, effective September 24, 1999.
See: 31 N.J.R. 1759(a), 31 N.J.R. 3116(a).

Executive Order No. 66(1978) Expiration Date

Chapter 63, Long-Term Care Services, expires on September 24, 2004.

Chapter Historical Note

Chapter 63, Skilled Nursing Home Services Manual, was adopted as R.1971 d.163, effective September 22, 1971. See: 3 N.J.R. 206(b).

Chapter 63, Skilled Nursing Home Services Manual, was repealed and Chapter 63, Long-Term Care Services Manual, was adopted as new rules by R.1979 d.126, effective March 29, 1979. See: 10 N.J.R. 190(b), 11 N.J.R. 248(b).

Pursuant to Executive Order No. 66(1978), Subchapter 1, General Provisions, was readopted as R.1984 d.123, effective March 21, 1984. See: 16 N.J.R. 204(a), 16 N.J.R. 896(a).

Pursuant to Executive Order No. 66(1978), Subchapter 3, Cost Study, Rate Review Guidelines and Reporting System for Long-Term Care Facilities, was readopted as R.1984 d.573, effective November 29, 1984. See: 16 N.J.R. 2484(a), 16 N.J.R. 3437(a).

Pursuant to Executive Order No. 66(1978), Chapter 63, Long-Term Care Services Manual, was readopted as R.1989 d.622, effective November 29, 1989. See: 21 N.J.R. 2752(a), 21 N.J.R. 3918(a).

Pursuant to Executive Order No. 66(1978), Chapter 63, Long-Term Care Services, was readopted as R.1994 d.624, effective November 23, 1994, and former Subchapters 1, 2, 2A and 4, and Appendix I were repealed and Subchapter 1, General Provisions, Subchapter 2, Nursing Facilities Services, and Appendices A through Q were adopted as new rules, and Subchapter 5, Audits, was recodified as Subchapter 4 by R.1994 d.624, effective January 3, 1995. See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Pursuant to Executive Order No. 66(1978), Chapter 63, Long-Term Care Services, was readopted as R.1999 d.364, effective September 24, 1999. See: Source and Effective Date.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:63-1.1 Scope
- 10:63-1.2 Definitions
- 10:63-1.3 Program participation
- 10:63-1.4 Private pay
- 10:63-1.5 Occupancy level
- 10:63-1.6 Termination of a NF provider agreement
- 10:63-1.7 Administrative appeal of denial, termination or nonrenewal of NF certification or Medicaid Provider Agreement
- 10:63-1.8 Admission, transfer and readmission; general
- 10:63-1.9 Waiting list
- 10:63-1.10 Involuntary transfer initiated by the facility
- 10:63-1.11 NF authorization process
- 10:63-1.12 Clinical audit

- 10:63-1.13 Clinical and related records
- 10:63-1.14 Absence from facility due to hospital admission or therapeutic leave; bed reserve
- 10:63-1.15 Complaints
- 10:63-1.16 Utilization of resident's income for cost of care in the NF and for PNA
- 10:63-1.17 Residents rights
- 10:63-1.18 Medicare/Medicaid

SUBCHAPTER 2. NURSING FACILITIES SERVICES

- 10:63-2.1 Nursing facility services; eligibility
- 10:63-2.2 Delivery of nursing services
- 10:63-2.3 Physician services
- 10:63-2.4 Rehabilitative services
- 10:63-2.5 Resident activities
- 10:63-2.6 Social services
- 10:63-2.7 Pharmaceutical services; general
- 10:63-2.8 Consultations and referrals for examination and treatment
- 10:63-2.9 Mental health services
- 10:63-2.10 Dental services
- 10:63-2.11 Podiatry services
- 10:63-2.12 Chiropractic services
- 10:63-2.13 Vision care services
- 10:63-2.14 Laboratory; X-ray, portable X-ray and other diagnostic services
- 10:63-2.15 Medical supplies and equipment
- 10:63-2.16 Consultant services; general
- 10:63-2.17 Transportation services
- 10:63-2.18 Bed and board
- 10:63-2.19 Housekeeping and maintenance services
- 10:63-2.20 Non-covered services
- 10:63-2.21 Special care nursing facility (SCNF)

SUBCHAPTER 3. COST STUDY, RATE REVIEW GUIDELINES AND REPORTING SYSTEM FOR LONG-TERM CARE

- 10:63-3.1 Purpose and scope
- 10:63-3.2 Timing
- 10:63-3.3 Rate components
- 10:63-3.4 Equalized costs
- 10:63-3.5 Raw food costs
- 10:63-3.6 General service expenses
- 10:63-3.7 Property operating expenses
- 10:63-3.8 Special amortization
- 10:63-3.9 Routine patient care expenses
- 10:63-3.10 Property—capital costs
- 10:63-3.11 Buildings and fixed equipment
- 10:63-3.12 Land
- 10:63-3.13 Moveable equipment
- 10:63-3.14 Maintenance and replacements
- 10:63-3.15 Property insurance
- 10:63-3.16 Target occupancy levels
- 10:63-3.17 Restricted funds
- 10:63-3.18 Adjustments to base period data
- 10:63-3.19 Inflation
- 10:63-3.20 Total rates
- 10:63-3.21 Appeals process
- 10:63-3.22 Transitional relief for salary region adjustment; State Fiscal Year 1993
- 10:63-3.23 Transitional relief for salary region adjustment; State Fiscal Year 1994
- 10:63-3.24 Transitional relief for salary region adjustment; State Fiscal Year 1995
- 10:63-3.25 Transfer of ownership

SUBCHAPTER 4.—AUDIT

- 10:63-4.1 Audit cycle
- 10:63-4.2 Audits
- 10:63-4.3 Final audited rate calculation

APPENDICES A THROUGH Q

SUBCHAPTER 1. GENERAL PROVISIONS

10:63-1.1 Scope

This chapter addresses the provision of quality, cost-prudent health care services available to New Jersey Medicaid eligible children and adults in a nursing facility (NF) and addresses the provision of and reimbursement for services required to meet the individual's medical, nursing, rehabilitative and psychosocial needs to attain and maintain the highest practicable mental and physical functional status. Although the scope of the Long-Term Care Services chapter encompasses other long-term care facilities such as governmental psychiatric hospitals, inpatient psychiatric services/programs for the under 21 (residential treatment centers) and intermediate care facilities/mentally retarded (ICF/MRs), the following subchapters specifically address nursing facility services. However, the Fiscal Agent Billing Supplement applies to all the above cited long-term care facilities.

Case Notes

Radioactive application of regulation valid. In re: Medicaid Long Term Care Services Bulletin 84-2, 212 N.J.Super. 48, 513 A.2d 967 (App.Div.1986), certification denied 526 A.2d 125, 107 N.J. 31.

Denial of request for reclassification from low to medium salary region assignment not inequitable. *Rosewood Manor, Inc. v. Division of Medical Assistance and Health Services*, 93 N.J.A.R.2d (DMA) 20.

10:63-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

“Advance directive” means a written instruction relating to the provision of health care when the individual is incapacitated, such as a living will or durable power of attorney for health care.

“Air fluidized therapy bed” means a device employing the circulation of filtered air through ceramic spherules (small, round ceramic objects).

“Case management” means a process by which the Division of Medical Assistance and Health Services Medical Social Care Specialist monitors the provision of nursing facility care to assure timely and appropriate provider responses to changes in care needs and delivery of coordinated services.

“Case mix” means a system of staffing and reimbursement for nursing services based on variation in patient acuity and care needs that influences the type and amount of service needed.

“Clinical audits” means a method of utilization control under the enforcement authority of Section 1902(a)(30)(A) of the Social Security Act, in accordance with 42 CFR 456.1(b)(1), to monitor the utilization of and payment for nursing facility care and services reimbursable under the Medicaid State Plan.

“Comprehensive assessment” means a process conducted by each member of the interdisciplinary team which, for each resident, identifies problems; determines care needs; and in conjunction with the resident and his or her significant other or legal representative, results in an interdisciplinary plan of care.

“Consultant pharmacist” means a pharmacist licensed by the New Jersey State Board of Pharmacy who meets the qualifications in N.J.A.C. 10:51-3.3.

“Conventional nursing facility”—see nursing facility.

“Department of Health” (DOH) means the New Jersey State Department of Health.

“Division of Developmental Disabilities (DDD)” means the Division of Developmental Disabilities within the New Jersey State Department of Human Services.

“Division of Mental Health and Hospitals (DMH & H)” means the Division of Mental Health and Hospitals within the New Jersey State Department of Human Services.

“Health Services Delivery Plan (HSDP)” means an initial plan of care prepared by the Regional Staff Nurse during the Pre-Admission Screening (PAS) assessment process which reflects the individual's current or potential health problems and required care needs.

“Interdisciplinary care plan” means the care plan developed by the interdisciplinary team which includes measurable objectives and time tables to meet the resident's medical, nursing, dietary and psychosocial needs that are identified through the comprehensive assessment process.

“Interdisciplinary team” means a team consisting of a physician and a registered professional nurse and may also include other health professions relative to the provision of needed services. The interdisciplinary team performs comprehensive assessments and develops the interdisciplinary care plan.

“Low airloss therapy bed” means a bed frame that is equipped with air sacs which are grouped into zones corresponding to various body areas. The air sacs are inflated by a constant flow of air, some of which is directed through the air sacs to the patient surface.

“Medicaid occupancy level” means the average number of Medicaid recipients and recipients of public assistance under P.L.1947, c. 156, as amended (C44.8-107 et seq.) residing in a NF divided by the total number of licensed beds in the facility during the billing month.

“Medical director” means a physician licensed under New Jersey State law who is responsible for the direction and coordination of medical care in a nursing facility.

“Medical evaluation team (MET)” means a team of Medicaid professionals consisting of a physician consultant, a regional staff nurse (RSN), a regional pharmaceutical consultant, a Medical Social Care Specialist I (MSCS I) and a Medical Social Care Specialist II (MSCS II) who are assigned to the Medicaid District Office (MDO). A MET has the responsibility to review medical, nursing, and social information as well as any other supporting data in order to evaluate the need for long-term care, determine the level of care needed, the feasibility of alternate care, the quality of care given and the outcome of service. Members of the MET may review each recipient or potential recipient as individual team members or may perform the review as a multidisciplinary team.

“Medical social care specialist (MSCS)” means a social worker employed by the Division of Medical Assistance and Health Services who performs case management as required by N.J.A.C. 10:63.

“Medical staff” means one or more licensed physicians who act as the attending physician(s) to Medicaid recipients in a nursing facility.

“Minimum data set (MDS)” means a minimum set of screening and assessment elements, including common definitions and coding categories, needed to comprehensively assess an individual nursing facility resident. The items in the MDS standardize communication about resident problems and conditions within facilities, between facilities, and between facilities and outside agencies.

“Nursing facility (NF)” means an institution (or distinct part of an institution) certified by the New Jersey State Department of Health for participation in Title XIX Medicaid and primarily engaged in providing health-related care and services on a 24-hour basis to Medicaid recipients (children and adults) who, due to medical disorders, developmental disabilities and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehabilitative, and psychosocial management above the level of room and board. However, the nursing facility is not primarily for care and treatment of mental diseases which require continuous 24-hour supervision by qualified mental health professionals or the provision of parenting needs related to growth and development.

“Occupational therapist” means a person who is registered by the American Occupational Therapy Association,

1383 Piccard Drive, P.O. Box 1725, Rockville, MD 20849-1725, or is a graduate of a program in occupational therapy approved by the Council of Medical Education of the American Medical Association, 515 N. State St., Chicago, IL 60610, and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association.

“Physical therapist” means a person who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association, 515 N. State St., Chicago, IL 60610, and the American Physical Therapy Association, 1111 N. Fairfax St., Alexandria, VA 22314 or its equivalent; and if practicing in the State of New Jersey, is licensed by the State of New Jersey, or if treatment and/or services are provided in a state other than New Jersey, meets the requirements of that state, including licensure, if applicable, and also meets all applicable Federal requirements.

“Physician’s services” means those services provided within the scope of medical practice as defined by the laws of New Jersey and those services which are performed by or under the direct personal supervision of the physician.

1. “Physician” means a doctor of medicine or osteopathy licensed to practice medicine and surgery by the New Jersey State Board of Medical Examiners.

2. “Direct personal supervision” means services which are rendered in the physician’s presence.

“Pre-admission screening (PAS)” means that process by which all Medicaid eligible recipients seeking admission to a Medicaid certified NF and individuals who may become Medicaid eligible within six months following admission to a Medicaid certified NF receive a comprehensive needs assessment by the Regional Staff Nurse to determine their long-term care needs and the most appropriate setting for those needs to be met, pursuant to N.J.S.A. 30:4D-17.10. (P.L.1988, c. 97).

“Pre-admission screening and annual resident review (PASARR)” means that process by which all individuals with mental illness (MI) or mental retardation (MR) are screened prior to admission to a NF and annually thereafter in order to determine the individual’s appropriateness for NF services, and whether the individual requires specialized services for his or her condition.

“Prior authorization” means approval granted by the Division of Medical Assistance and Health Services through the appropriate Medicaid District Office (MDO) for payment for NF or before other Medicaid covered services are rendered to a Medicaid recipient, in accordance with this chapter.

“Regional staff nurse (RSN)” means a registered professional nurse employed by the Division of Medical Assistance and Health Services who performs health needs assessments as required by this chapter.

“Rehabilitative and/or restorative nursing care” means nursing care provided by a registered professional nurse, or under the direction of a registered professional nurse, qualified by experience in rehabilitative or restorative nursing care.

“Rehabilitative services” means physical therapy, occupational therapy, speech-language pathology services, and the use of such supplies and equipment as are necessary in the provision of such services.

“Resident” means a Medicaid eligible or potentially eligible recipient residing in an NF.

“Respiratory care practitioner” means an individual credentialed by the State Board of Respiratory Care, to practice respiratory care under the direction or supervision of a physician pursuant to State of New Jersey P.L.1971, c. 60; P.L.1974, c. 46; and P.L.1978, c. 73, amended August 1991.

“Section Q” means the resident classification portion of the standardized resident assessment (SRA) instrument which identifies an individual NF resident’s nursing service requirements based on the standards at N.J.A.C. 10:63-2.2(a).

“Skilled nursing facility (SNF)” means a free-standing institution or an identifiable part of an institution which meets all the State and Federal requirements for participation in the Medicare Program as a skilled nursing facility.

“Social services” means those services provided to meet the emotional and social needs of the Medicaid recipient and significant other or guardian at the time of admission, during treatment and care in the facility, and at the time of discharge.

“Special care nursing facility (SCNF)” means a NF or separate and distinct unit within a Medicaid certified conventional NF which has been approved by the Division of Medical Assistance and Health Services to provide care to New Jersey Medicaid recipients who require specialized health care services beyond the scope of conventional nursing facility services as defined in N.J.A.C. 10:63-2, Nursing Facility Services.

“Specialized services for mental illness (MI)” mean those services offered, in accordance with 42 CFR 483.120, when an individual is experiencing an acute episode of serious mental illness and psychiatric hospitalization is recommended, based on a Psychiatric Evaluation. Specialized Services entail implementation of a continuous, aggressive, and individualized treatment plan by an interdisciplinary team of qualified and trained mental health personnel. During a period of 24-hour supervision for the individual, specific therapies and activities are prescribed, with the following objectives: to diagnose and reduce behavioral symptoms; to improve independent functioning; and as early as possible, to permit functioning at a level where less than specialized services are appropriate. Specialized services go beyond the range of services which a NF is required to provide.

“Specialized services for mental retardation (MR)” mean those services offered, in accordance with 42 CFR 483.120, when an individual is determined to have skill deficits or other specialized training needs that necessitate the availability of trained MR personnel, 24 hours per day, to teach the individual functional skills. Specialized services are those services needed to address such skill deficits or specialized training needs. Specialized services may be provided in an intermediate care facility for the mentally retarded (ICF/MR) or in a community-based setting which meets ICF/MR standards. Specialized services go beyond the range of services which a NF is required to provide.

“Speech-language pathologist” means a person who has a certificate of clinical competence from the American Speech and Hearing Association; meets all applicable Federal regulations; has completed the equivalent educational requirements and work experience necessary for the certificate, or has completed the academic program and is acquiring supervised work experience to qualify for the certificate, and, if practicing in the State of New Jersey is licensed by the State of New Jersey; or if treatment and/or services are provided in a state other than New Jersey, meets the requirements of that state, including licensure, if applicable.

“Standardized Resident Assessment (SRA)” means an instrument developed by the State to report minimum data set requirements, including resident assessment protocols and additional State mandated data, which results in a comprehensive, standardized assessment of a NF resident’s functional capabilities and service requirements.

“Track of care” means the designation of the setting and scope of Medicaid services determined by the PAS process conducted by the RSN following assessment of the Medicaid eligible or potentially eligible Medicaid recipient, as follows:

1. “Track I” means long-term NF care.
2. “Track II” means short-term NF care.
3. “Track III” means long-term care services in a community setting.

“Transfer of ownership” means, for reimbursement purposes, a change in the majority ownership that does not involve related parties, related corporations or public corporations. “Majority ownership” is defined as an individual or entity who owns more than 50 percent of the facility.

“Waiting list” means the standardized listing, maintained in chronological order by the NF, of the names of all individuals seeking admission to a Medicaid participating NF who have completed a written application.

Amended by R.2001 d.1, effective January 2, 2001.
See: 32 N.J.R. 2859(a), 33 N.J.R. 54(a).

Added "Transfer of ownership" to section.

Case Notes

County hospital which did not participate in pre-adoption rulemaking proceedings is not entitled to an agency or court hearing to explore reasons underlying regulations prescribing methodology for fixing rates paid for Medicaid patient care at long-term care facility; regulations not arbitrary or unreasonable. *Bergen Pines County Hospital v. New Jersey Dept. of Human Services*, 96 N.J. 456, 476 A.2d 784 (1984).

Adoptive parents who provided outstanding care for medically fragile child should not have been punished by having child removed from necessary community based services waiver program. *K.S. v. DMAHS*, 96 N.J.A.R.2d (DMA) 7.

Conditions of blindness and profound retardation established appropriateness of residential long-term pediatric care placement. *N.C. v. Division of Medical Assistance*, 95 N.J.A.R.2d (DMA) 34.

Presumption of reasonableness of agency's rate methodology not rebutted by sufficient evidence; burden of proof improperly shifted to agency at hearing (Director's Final Decision). *Morris View Nursing Home v. Div. of Medical Assistance and Health Services*, 8 N.J.A.R. 561 (1983), affirmed per curiam Dkt. No. A-973-83 (App.Div.1985).

Rate reimbursement system challenged by facility utilizing minimum staffing report prepared for other purposes by the Department of Health; Division of Medical Assistance and Health Services not bound by Department of Health determinations; denial of increased rate reimbursement not unreasonable agency action. In re: *Preakness Hospital*, 8 N.J.A.R. 389 (1983).

7. Fees and other expenses incurred in connection with the construction, purchase, alteration or leasing of land, buildings, and fixed equipment; and

8. Fees and other expenses incurred in financing or refinancing of the NF itself or any of its assets.

(b) The rules promulgated herein have been developed with the following objectives and considerations:

1. The departments should not concern themselves with the method and attendant costs with which individuals NFs are financed and constructed or the arrangements under which they are acquired or leased.

2. While not concerning themselves about the costs, financing and so forth, of individual NFs the departments mandate with respect to the reasonableness of cost requires it to develop this rate component upon the presumption of reasonable facility costs and prudent financing.

3. Private capital should be attracted into the industry with a reasonable rate of return, which should recognize that the existence of the certificate of need process to control the supply of NFs in relation to demand, removes several risks inherent in most free enterprise situations.

(c) The departments believe that the above objectives can best be met by establishing an aggregate "capital facilities allowance" (CFA). The aggregate annual CFA for building, land, and movable equipment shall constitute the maximum reasonable reimbursement for depreciation (except automobiles), rentals of buildings and equipment (except automobiles), interest on all indebtedness, and amortization of leasehold improvements. Reimbursement shall be limited to the lower of:

1. The total actual NF expenses for depreciation, interest and rental; or
2. The aggregate capital facilities allowance for building, land, and movable equipment.

(d) The following considerations will be addressed in determining the CFA:

1. Buildings (see N.J.A.C. 10:63-3.11);
2. Land and land improvements (see N.J.A.C. 10:63-3.12);
3. Equipment (routine moveable) (see N.J.A.C. 10:63-3.13);
4. Maintenance and replacements (see N.J.A.C. 10:63-3.14);
5. Property insurance (see N.J.A.C. 10:63-3.15);
6. Economic occupancy level (see N.J.A.C. 10:63-3.16).

As amended, R.1984 d.573, effective December 16, 1984.
See: 16 N.J.R. 2484(a), 16 N.J.R. 3437(a).

Deleted (a)8 and recodified (a)9 to (a)8.
Recodified from 10:63-3.9 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Amended by R.1995 d.174, effective March 20, 1995 (operative April 1, 1995).

See: 27 N.J.R. 281(a), 27 N.J.R. 1307(a).

Amended by R.1996 d.147, effective March 18, 1996.

See: 27 N.J.R. 3314(a), 28 N.J.R. 1535(a).

Case Notes

Nursing home was not entitled to prospective hardship relief amounting to perpetual lease pass-through for its reimbursement rate. Stratford Nursing and Convalescent Center, Inc. v. Kilstein, D.N.J.1991, 802 F.Supp. 1158, affirmed 972 F.2d 1332.

Nursing home was not entitled to full reimbursement for rent or for dispensing non-legend drugs. White House Nursing Home v. DMAHS, 93 N.J.A.R.2d (DMA) 114.

Long-term care facility's expert's appraisal not preferred. Matter of Elizabeth General Medical Center, 93 N.J.A.R.2d (DMA) 51.

In establishing rate of reimbursement for Medicaid patients in an addition to a facility, an agency is required to use the actual interest rate paid in financing the addition in establishing the amortization rate. Medicenter of Lakewood v. Dept. of Human Services, 4 N.J.A.R. 26 (1983).

10:63-3.11 Buildings and fixed equipment

(a) The CFA for buildings and fixed equipment will be based upon appraised value as follows:

1. For NFs beginning operation before January 1, 1978, the CFA will be determined based upon appraised 1977 replacement costs derived from nationally recognized construction cost manuals, less wear and tear and subject to reasonableness limits as described in (c), (d) and (e) below.

2. For NFs, or significant additions to existing NFs, beginning operation on or after January 1, 1978, the appraised value will be determined at the time construction is completed, based upon price levels derived from nationally recognized construction cost manuals, subject to reasonableness limits as described in (c), (d) and (e) below.

(b) The appraisals are to be conducted by an agent designated by the State.

(c) Reasonableness limits on plant square feet will be set at 110 percent of the median plant square feet per available bed of all proprietary and voluntary NFs which had over 20 percent Medicaid patient days in the base period. Separate reasonableness limits will be developed for governmental NFs by the same method. NFs not substantially complying with current State and Federal space requirements or carrying space waivers will be excluded from this calculation.

(d) A reasonableness limit on appraised value per square foot will be established as follows:

1. For NFs beginning operation before January 1, 1978, at 110 percent of the median appraised value, at

1977 price levels, of proprietary and voluntary NFs which had over 20 percent Medicaid days in the base period;

2. For NFs beginning operation on or between January 1, 1978, and December 31, 1984, at the original reasonableness limit as determined from (d)1 above, increased for inflation by 15 percent for the first year and 10 percent for each succeeding year;

3. For facilities beginning operation on or after January 1, 1985, at the reasonableness limit determined for 1984, incremented annually by a factor for inflation which is the average of percentages representing cost increases derived from:

i. The Marshall Swift Valuation Index for the Eastern District; published by Marshall and Swift, 1617 Beverly Blvd., P.O. Box 26307, Los Angeles, California; and

ii. Inflation factors published by the U.S. Department of Labor, Bureau of Labor Statistics for New York and Northeastern New Jersey;

4. For significant additions to existing NFs beginning operation since January 1, 1978, at the original reasonableness limit as determined from (d)1 above, increased by a factor for inflation (see (d)2 above). A single weighted reasonableness limit for the entire NF will be calculated based upon the square footage and the corresponding construction cost factors of the building as originally appraised and the appraised addition(s); and

5. A separate reasonableness limit will be developed for governmental NFs by the same method.

(e) The reasonable limits as described above will be combined to allow for square feet in excess of that established limit where value per square foot is less than that limit for each class of long term care facility.

(f) The CFA for buildings and fixed equipment will be determined by applying the appropriate interest or amortization rate, described in (f)1 and 2 below, to the reasonable appraised value of the building and fixed equipment.

1. Interest rate:

i. For NFs beginning operation before January 1, 1978, the interest rate is equal to the Medicare return on equity rate for the 12 month period ending with December of 1976 (10.719 percent).

ii. For NFs, or significant additions to existing NFs, beginning operation between January 1, 1978 and September 30, 1985, the interest rate is equal to the Medicare return on equity rate published at the inception of operations.

iii. For NFs, or significant additions to existing NFs, beginning operations between October 1, 1985 and September 30, 1993, the interest rate is equal to 150 percent of the Medicare return on equity rate published at the inception of operations.

iv. For NFs, or significant additions to existing NFs beginning operations on or after October 1, 1993, the interest rate is equal to 150 percent of the applicable interest rate at the inception of operations as indicated by the Table of Average Interest Rates on Special Issues of Public-Debt Obligations Issued to the Federal Hospital Insurance Trust Fund as published by the Office of the Actuary of the Federal Health Care Financing Administration.

2. The amortization rate shall be equal to the ratio of annual debt service (principal and interest) to original principal required to amortize a loan in 25 equal installments, with an interest rate equal to the appropriate above defined "interest rate".

(g) For the first 25 years of the life of a NF beginning with the year of construction, the amortization rate will be applied to the reasonable appraised value of the building and fixed equipment.

(h) Beyond the 25th year after construction, the interest rate will be applied to the reasonable appraised value of buildings and fixed equipment.

(i) For NFs built-in multiple stages, a weighted average year of original construction will be established by weighing licensed beds by the age of the component multiple stages of the building in which the beds are located. Where inequities could result from this calculation, homes with suitable records may request that the weighted average year of construction be calculated based upon plant square feet constructed.

(j) For NFs with residential and/or sheltered care patients, data relative to common areas will be apportioned to nursing patients based upon base period licensed beds. After making such apportionments, appraised values will be subject to the reasonableness screens described in (c), (d) and (e) above and, where applicable, to the weighted average year of construction calculations described in (i) above. This proration will not be redetermined for subsequent years in the absence of significant changes in facilities or in patient mix.

(k) For LTCF's NFs which were converted to NFs use from other uses, the year of conversion will be used provided the conversion costs exceeded the acquisition cost of the building and building equipment. Otherwise, the original year of construction will be used.

(l) For existing NFs the State will not increase the CFA rate in future years should the Table of Average Interest Rates on Special Issues of Public-Debt Obligations issued to the Federal Hospital Insurance Trust Fund as published by the Office of the Actuary of the Federal Health Care Financing Administration increase.

(m) The departments will review, on an individual basis, situations where the strict application of the provisions of this section would be inappropriate under particular circumstances, such as:

1. Situation where an existing debt must be refinanced in connection with obtaining funds to expand existing NFs;
2. The inability of NFs to obtain 25-year financing.

As amended, R. 1983 d.73, effective March 21, 1983.

See: 14 N.J.R. 743(a), 15 N.J.R. 443(a).

Language concerning financing through a governmental authority.

As amended, R.1984 d.573, effective December 16, 1984.

See: 16 N.J.R. 2484(a), 16 N.J.R. 3437(a).

New (e); recodify (e)-(o) as (f)-(p).

Amended by R.1985 d.705, effective January 21, 1986.

See: 17 N.J.R. 2331(a), 18 N.J.R. 189(a).

(n)2 deleted; 3 recodified to 2.

Amended by R.1987 d.6, effective January 5, 1987.

See: 18 N.J.R. 257(a), 19 N.J.R. 126(a).

Recodified from 10:63-3.10 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Amended by R.1995 d.174, effective March 20, 1995 (operative April 1, 1995).

See: 27 N.J.R. 281(a), 27 N.J.R. 1307(a).

Amended by R.1996 d.147, effective March 18, 1996.

See: 27 N.J.R. 3314(a), 28 N.J.R. 1535(a).

Case Notes

In establishing rate of reimbursement for Medicaid patients in an addition to a facility, an agency is required to use the actual interest rate paid in financing the addition in establishing the amortization rate. *Medicenter of Lakewood v. Dept. of Human Services*, 4 N.J.A.R. 26 (1983).

10:63-3.12 Land

(a) The CFA for land will be based upon appraised value of land and land improvements determined by an agent designated by the State of New Jersey as follows:

1. For NFs beginning operation before January 1, 1978, the 1977 value of land and land improvements;
2. For NFs beginning operation on or after January 1, 1978, the value of land and land improvements as of the completion of construction;
3. For additions to existing NFs beginning operation on or after January 1, 1978, the value of additional land acquired or additional land improvements made as of the completion of construction of the addition. Land or land improvements previously included in a facility's appraisal will not be reappraised in determining value of an addition to a facility;

4. For replacement facilities beginning operation on or after January 1, 1978, the value of additional land acquired or additional land improvements made as of the completion of construction. Land or land improvement included in the original facilities appraisal will not be reappraised in determining value of a replacement facility;

5. Land and land improvement value will be subject to reasonable limits with respect to:

- i. Reasonable land area;
- ii. The total reasonable appraised value of reasonable land area.

6. Reasonableness limits for land and land improvements will be the same as defined for property taxes on land in N.J.A.C. 10:63-3.7. For NF's beginning operation on or after January 1, 1978, the original reasonableness limit for reasonable appraised value will be increased by a factor for inflation, which factor will be the same as described in N.J.A.C. 10:63-3.11(d)2. For acquisitions of land related to addition(s) to building or building replacements, a single weighted reasonableness limit for the entire NF land evaluation will be calculated based upon acreage and the appraisal land limit factors of land as originally appraised, and the land-appraised addition(s) to land.

(b) The applicable interest rate developed for a facility per N.J.A.C. 10:63-3.11(f) will be applied to the reasonable appraised land value.

(c) The provisions of N.J.A.C. 10:63-3.11(l) through (m) will also apply to CFA for land.

(d) For LTCF's providing residential or sheltered care, reasonable appraised values for land will be prorated to nursing care patients based upon their proportion of base period total beds. This proportion will not be redetermined in the absence of significant changes in patient mix.

Amended by R.1987 d.6, effective January 5, 1987.

See: 18 N.J.R. 257(a), 19 N.J.R. 126(a).

(d) added "re" to determined.

Recodified from 10:63-3.11 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Amended by R.1995 d.174, effective March 20, 1995 (operative April 1, 1995).

See: 27 N.J.R. 281(a), 27 N.J.R. 1307(a).

10:63-3.13 Moveable equipment

(a) The moveable equipment allowance will be based upon the median requirements per bed at 1977 price levels. This median will be determined by:

1. Selecting new NFs built since 1969 which had over 20 percent Medicaid days in the base period.
2. Incrementing their original expenditures for moveable equipment to 1977 price levels by applying an appropriate index of inflation in equipment costs.

3. Converting these inflated expenditures to cost per bed and ranking Statewide.

(b) The allowance per licensed bed will be determined by applying to this median cost the applicable interest rate developed per N.J.A.C. 10:63-3.11(f).

(c) Inasmuch as this allowance will be based upon the current replacement cost of new equipment, it will be deemed to provide for unusually large expenditures for maintaining old equipment (the departments consider it to be purely a management prerogative as to when to replace, rather than repair, old equipment). A provision for ongoing routine equipment maintenance and replacements will be included in the maintenance and replacements allowance as described in N.J.A.C. 10:63-3.14.

As amended, R.1974 d.573, effective December 16, 1984.
 See: 16 N.J.R. 2484(a), 16 N.J.R. 3437(a).
 Recodified from 10:63-3.12 and amended by R.1994 d.624, effective January 3, 1995.
 See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).
 Amended by R.1995 d.174, effective March 20, 1995 (operative April 1, 1995).
 See: 27 N.J.R. 281(a), 27 N.J.R. 1307(a).

10:63-3.14 Maintenance and replacements

(a) An allowance for the maintenance of land, land improvements, building and equipment and for replacement of equipment will be developed for Class I and Class II facilities and each type of Class III facility as follows:

1. Expenditures for this purpose in the base period for Class I, Class II and each type of Class III of NF which had over 20 percent Medicaid days in the base period will be adjusted to price levels at the midpoint of the base period through the application of the inflation factor to reported costs for fiscal years ending prior to December. Class III NFs will not be excluded due to percentage of Medicaid days.

2. Homes which were substantially expanded or remodeled during this period will be excluded from calculations described in (a)3 below.

3. For the remaining NFs, maintenance and replacement costs per plant square foot at base period price levels will be calculated for each class of NF. Mathematical techniques will be used to determine a general formula describing the relationships between expenditures per plant square foot for maintenance and replacements and factors such as age of buildings, estimated building replacement costs, and so forth.

4. The 15 percent highest and 15 percent lowest extremes in actual expenditures compared with this general formula will then be removed from further calculations, except for Class III NFs. The same mathematical techniques will then be applied to the remaining 70 percent of the data to develop the formula to be used to calculate a reasonable allowance for each class of NF for maintenance and replacement.

5. Seventy percent of the costs of leasing equipment will be recognized as "maintenance and replacement" costs.

6. Each NF's maximum total allowance per reasonable plant square foot for any one year will be developed by applying this formula to its particular factors and incrementing the result by 10 percent. No allowance will be provided for plant square feet considered unreasonable per N.J.A.C. 10:63-3.7(a)1, 2 and 3.

i. For Class III NFs which are approved as a combination of Ventilator/Respirator type and some other SCNF type listed at N.J.A.C. 10:63-3.3(a)3ii, the reasonable limit for maintenance and replacements will be determined by multiplying the current costs of maintenance and replacement attributable to each type of SCNF patient times the respective cost per square foot maintenance and replacement cost limits. The products will be totalled, and then divided by the total current cost of maintenance and replacement expenses. The resulting combined cost limit will then be multiplied by the reasonable long term care square feet of the SCNF to determine the maintenance and replacement screen.

	(1) Cost	(2) Limit Per square foot	(3) Total (1) × (2)
Vent	A	C	E
Other	B	D	F
Total	G		H

Weighted limit per square foot = H/G.
 Total reasonable limit = Weighted limit × Square feet.

7. Base period expenditures in excess of this minimum allowance may be carried forward and applied in future years in which expenditures are below their respective maximum allowance.

i. Actual expenditures that are below the limits for the base period, may be carried and applied to excess expenditures in subsequent years. The following example illustrates how two typical NFs would be affected. Savings are indicated in parentheses, for example, (20.00) means a savings of \$20.00.

Year No. 1	NF A	NF B
Actual expenditures	\$130.00	\$ 80.00
Limit	100.00	100.00
Excess (savings) carried forward	30.00	(20.00)
Year No. 2 NF A	Example 1	Example 2
Actual expenditures	\$ 60.00	\$ 85.00
Carried forward	+ 30.00	+ 30.00
Total eligible	90.00*	\$115.00
Limit	105.00	\$105.00
Carried forward to Year No. 3	\$(15.00)	\$ 10.00
Year No. 2 NF B	Example 1	Example 2
Actual expenditures	\$120.00	\$130.00
Limit	\$105.00	\$105.00
	NF A	NF B
Plus carried forward	+20.00	+20.00

Revised limit	\$125.00	\$125.00
Carried forward to Year No. 3	\$ (5.00)	\$ 5.00

* Included in rates

8. Expenditures for replacements, capitalized maintenance and leases will be prorated to nursing patients, based upon the ratio of nursing square feet (including a prorated share of common areas) to total plant square feet.

As amended, R.1984 d.573, effective December 16, 1984.

See: 16 N.J.R. 2484(a), 16 N.J.R. 3437(a).

(a)1: Deleted old text and substituted new text.

Amended by R.1987 d.6, effective January 5, 1987.

See: 18 N.J.R. 257(a), 19 N.J.R. 126(a).

Recodified from 10:63-3.13 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Amended by R.1996 d.147, effective March 18, 1996.

See: 27 N.J.R. 3314(a), 28 N.J.R. 1535(a).

10:63-3.15 Property insurance

(a) An allowance for property insurance will be developed for each home as follows:

1. Base period property insurance costs per dollar of appraised value and per dollar of 1977 replacement costs will be calculated for all Class I NFs. Separate calculations will be made for Class II facilities and each type of Class III facility.

2. Mathematical techniques will be applied to this data to develop formulas describing the normal relationships between property insurance costs and appraised values and estimated replacement costs. Separate formulas will be developed for urban and non urban NFs.

3. The procedures described in N.J.A.C. 10:63-3.14 will be used to eliminate extremes and to develop the formula to be used to calculate the reasonableness limit for property insurance, except for the calculation of Class III limits.

4. Each NF's reasonableness limit per reasonable plant square foot will be developed by applying this formula to its particular factors and incrementing the result by 10 percent. No allowance will be provided for plant square feet considered unreasonable per N.J.A.C. 10:63-3.7(a)1 and 2.

Amended by R.1987 d.6, effective January 5, 1987.

See: 18 N.J.R. 257(a), 19 N.J.R. 126(a).

Added text in (a)1 "A separate calculation will be made for governmental facilities."

Recodified from 10:63-3.14 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

10:63-3.16 Target occupancy levels

(a) A target occupancy level of 95 percent of licensed bed-days (excluding quiet beds) will be used to develop the reasonable per diem amounts of the following rate components:

1. Property taxes;
2. Utilities;
3. Special amortization;
4. CFA for:
 - i. Buildings and building equipment;
 - ii. Land and land improvements;
 - iii. Moveable equipment;
 - iv. Maintenance and replacements;
 - v. Property insurance; and
5. Actual NF expenses for depreciation, rental, interest, and amortization in accordance with N.J.A.C. 10:63-3.10(c).

(b) For Class III NFs, if the base period Medicaid occupancy is 80 percent or greater, the target occupancy for the rate components in (a) above will be 90 percent.

(c) For rates implemented on or after July 1, 2000, target occupancy shall be calculated as follows:

1. For those nursing facilities that are at or above 90 percent occupancy, the reasonable base period costs shall be divided by actual base period patient days.

2. For those nursing facilities that are above 85 percent but below 90 percent as documented in the NF cost report, a review of the previous year's occupancy shall determine which of the two following options shall be used:

i. If the previous year's occupancy is at or above 90 percent, the reasonable base period costs shall be divided by actual base period patient days.

ii. If the previous year's occupancy is also less than 90 percent, the reasonable base period costs shall be divided by 90 percent of licensed bed days.

3. For those nursing facilities that are below 85 percent occupancy, the reasonable base period costs shall be divided by 90 percent of licensed bed days.

4. Actual base period patient days shall include paid bed hold days.

(d) For new Class I and Class II facilities an occupancy rate of 80 percent will be used for provisional rates during the first year of operation subject to retroactive adjustments to actual occupancy should it exceed 80 percent (but no higher than 95 percent will be used).

(e) For new Class III NFs, an occupancy rate of 80 percent will be used for provisional rates during the first year of operation. The retroactive adjustment from an interim to an actual rate for the first year of operation shall use actual occupancy should it exceed 80 percent (but no

higher than 95 or 90 percent will be used, as determined by (a) or (b) above).

(f) If base period patient days exceed licensed bed days calculated per (a) above, then the target occupancy will be entered at 95 percent of actual base period patient days.

Amended by R.1987 d.6, effective January 5, 1987.

See: 18 N.J.R. 257(a), 19 N.J.R. 126(a).

"Target" substituted for "largest".

Recodified from 10:63-3.15 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Amended by R.1995 d.174, effective March 20, 1995 (operative April 1, 1995).

See: 27 N.J.R. 281(a), 27 N.J.R. 1307(a).

Amended by R.1999 d.74, effective March 1, 1999.

See: 30 N.J.R. 3191(a), 31 N.J.R. 678(b).

Rewrote (c).

10:63-3.17 Restricted funds

(a) Where donor restricted funds have been expended for operating purposes and, accordingly have been reported as an expense recovery/elimination, the availability and use of such funds will not be taken into account in establishing rates to the extent that they produce actual unit costs below the median unit costs and NF's developed for determining reasonableness. (It should be noted that the availability or use of such funds will not be taken into account at all with respect to CFA calculations.)

(b) The intent of this provision is to exclude, in screening, expenditures made from donor-restricted funds, but not to "appropriate" such funds where they result in net costs below the median.

Recodified from 10:63-3.16 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Case Notes

Hiring of contract nurses not mandated; adjustment for costs not required. *Morristown Rehabilitation Center Inc. v. Division of Medical Assistance and Health Services*, 93 N.J.A.R.2d (DMA) 10.

10:63-3.18 Adjustments to base period data

(a) As described elsewhere in this subchapter, with the exception of capital items, rates will be based upon reasonable actual base period costs. This section provides for adjustments to reasonable base period costs in establishing prospective rates.

1. Appropriate adjustments will be made to reasonable base period costs for the effect of changes between the base period and the prospective rate period in:

- i. State or Federal standards of care;
- ii. Definitions of "routine patient care services" reimbursable in Medicaid per diems;

iii. Limitations on total or per diem amounts of special patient care services reimbursable in Medicaid per diems.

2. NFs may also request that cost in addition to base period expenditures be included in the prospective rates owing to:

i. Actions mandated by governmental authorities and/or approved by same in the certificate of need process ("legal" changes);

ii. Desires to increase the quality of care above that attainable at base period cost levels ("management" changes).

iii. Appointment of a special medical guardian required to authorize emergency medical treatment for a patient.

iv. Emergency evacuation of a facility which was conducted consistent with an Emergency Management Evacuation Procedure which has been duly adopted and fully implemented by the facility. Costs in additions to base period expenditures for emergency evacuation shall be only those extraordinary costs which are directly related to evacuation, and routine costs which exceed base period levels as a direct result of the emergency evacuation.

3. With respect to requests for management changes, the departments will take the position that it is not a prerogative of a rate setting body to unilaterally make or amend social policies, especially with respect to the appropriateness of current allocations of State resources to the care of indigent NF patients. Accordingly, in the absence of other compelling reasons, management changes will be approved only in areas where quality has been found to be marginal by health facility inspection and actual costs are commensurately low.

4. Where legal and management changes have been approved and the approved costs are not expended in the prospective rate period, the unspent amount will be recovered from the NF.

5. In the case of significant items, the departments may exclude the effects of legal and management changes from rates until the change is effected, and if necessary, new appraisals made.

As amended, R.1984 d.573, effective December 16, 1984.

See: 16 N.J.R. 2484(a), 16 N.J.R. 3437(a).

Deleted (a)4 and recodified (a)5 to (a)4.

Amended by R.1986 d.69, effective March 17, 1986.

See: 17 N.J.R. 1736(a), 18 N.J.R. 561(a).

(a)4 added; old (a)4 renumbered to (a)5.

Amended by R.1987 d.6, effective January 5, 1987.

See: 18 N.J.R. 257(a), 19 N.J.R. 126(a).

(a)4 added.

Recodified from 10:63-3.17 and amended by R.1994 d.624, effective January 3, 1995.

See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Amended by R.1995 d.174, effective March 20, 1995 (operative April 1, 1995).

See: 27 N.J.R. 281(a), 27 N.J.R. 1307(a).

Case Notes

Inflation factor calculation valid and reasonable (Director's Final Decision). In re: Waterview Nursing Home, 8 N.J.A.R. 231 (1981), affirmed per curiam Dkt. No. A-3363-80 (App.Div.1982).

10:63-3.19 Inflation

(a) A provision will be added to reasonable base period costs to provide for inflation/deflation between the base

period and the prospective rate period. Changes in two factors will be used to develop this provision.

1. Average hourly earnings of manufacturing employee in New Jersey as published by the Bureau of Labor Statistics (weighted 60 percent);