



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
NURSING FACILITY RATE SETTING AND REIMBURSEMENT

PO BOX 723
TRENTON, N.J. 08625-0723

www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

CERTIFIED MAIL NO. 7010 2780 0002 0138 4694

May 7, 2012

Sussex County Homestead
129 Morris Turnpike
Newton, NJ 7860

RE: Sussex County Homestead
Provider Nos. 19510 / 4503902

Dear Administrator:

Your Medicaid rate effective **04/01/2012** through **06/30/2012** is comprised of the following items.

Case Mix Rate	\$	203.52
Provider Tax Distribution	\$	0.00
Total Rate	\$	<u>203.52</u>

This rate has been calculated based on requirements contained in N.J.A.C. 8:85 and the FY 2012 Appropriations Act. One provision of the regulations provides a phase-in of the case mix rate setting system. Specifically, this year's rate is limited to no more than \$10.00 above or below your facility's rate in effect June 30, 2010. N.J.A.C. 8:85-3.10(4)iii indicates that for the October, January and April rate quarters, the facility's average Medicaid case mix index (CMI) shall be increased or decreased proportionately so that the statewide average Medicaid CMI equals the statewide average Medicaid CMI used for the July 2011 quarter. For each quarter, this adjustment is identified as the "Proportionate Medicaid CMI Adjustment" on the enclosed rate notification details.

Pursuant to N.J.A.C. 8:85-3.17(a)1, requests for Level I Appeals must be submitted in writing and received within sixty (60) calendar days from the date of receipt of this notification by the facility. Appeals should be submitted to the following address:

Department of Health & Senior Services
Nursing Facility Rate Setting & Reimbursement
12 Quakerbridge Plaza, Building D, Room 4
P. O. Box 723
Trenton, New Jersey 08625-0723

Should you have any questions regarding your rate calculation, call Myers and Stauffer LC at (800) 359-1203.

Sincerely,

Kathleen M. Mason, Assistant Commissioner
Senior Benefits and Utilization Management

Enclosure

**NEW JERSEY MEDICAID
CASE MIX RATE**

Provider Name SUSSEX COUNTY HOMESTEAD
 DHSS Number 19510
 Facility Type Class II
 Cost Report Begin Date 1/1/2009
 Cost Report End Date 12/31/2009
 Cost Report Period CMI 1.0248

**APRIL 2012 QUARTER
DIRECT CARE RATE COMPONENT**

Direct Care Case Mix		Direct Care Non Case Mix		Total
Inflated NF Costs	\$118.62	Inflated NF Costs	\$15.07	\$133.69
Facility Specific Adjusted Limit	\$109.07	Non Case Mix Portion of Limit	\$13.86	\$122.93
Limited Direct Care Rate	\$109.07		\$13.86	\$122.93
Facility Average Medicaid CMI	1.0484			
Proportionate Medicaid CMI Adjustment	0.957947			
Facility Adjusted Average Medicaid CMI	1.0043			
Divided by Cost Report Period CMI Equals	0.98000			
Direct Care Medicaid CMI Adjusted Rate	\$106.89		\$13.86	\$120.75
TOTAL RATE CALCULATION				
Direct Health Care	\$120.75			
Operating and Administrative Class Price	\$89.76			
FRV Allowance	\$12.73	Budget Adjustment Factor (BAF)		0.92180
Total	\$223.24	BAF Adjusted Rate (BAF Times Phase In Rate)		\$203.52
June 30, 2010 Rate Without First Add On	\$210.78	Max. of BAF Adjusted Rate or June 30, 2010 Rate Less \$10		\$203.52
Phase In - Within \$10.00 of June 30, 2010 Rate	\$220.78	Plus Provider Tax - SFY 2012 First Add On		\$0.00
		Total Rate		\$203.52



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MARY E. O'DOWD, M.P.H.
Commissioner

February 9, 2012

CERTIFIED MAIL NO. 7003 3110 0003 6239 2709

Sussex County Homestead
129 Morris Turnpike
Newton, NJ 07860

RE: Sussex County Homestead
Provider Nos. 19510 / 4503902

Dear Administrator:

Your Medicaid rate effective 01/01/2012 through 03/31/2012 is comprised of the following items.

Case Mix Rate	\$	200.81
Provider Tax Distribution	\$	0.00
Total Rate	\$.	<u>200.81</u>

This rate has been calculated based on requirements contained in N.J.A.C. 8:85 and the FY 2012 Appropriations Act. One provision of the regulations provides a phase-in of the case mix rate setting system. Specifically, this year's rate is limited to no more than \$10.00 above or below your facility's rate in effect June 30, 2010. N.J.A.C. 8:85-3.10(4)iii indicates that for the October, January and April rate quarters, the facility's average Medicaid case mix index (CMI) shall be increased or decreased proportionately so that the statewide average Medicaid CMI equals the statewide average Medicaid CMI used for the July 2011 quarter. For each quarter, this adjustment is identified as the "Proportionate Medicaid CMI Adjustment" on the enclosed rate notification details.

Pursuant to N.J.A.C. 8:85-3.17(a)1, requests for Level I Appeals must be submitted in writing and received within sixty (60) calendar days from the date of receipt of this notification by the facility. Appeals should be submitted to the following address:

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P. O. Box 723
Trenton, New Jersey 08625-0723

Should you have any questions regarding your rate calculation, call Myers and Stauffer LC at (800) 359-1203 or email nihelpdesk@mslc.com.

Sincerely,

Kathleen M. Mason, Assistant Commissioner
Senior Benefits and Utilization Management

Enclosure

**NEW JERSEY MEDICAID
CASE MIX RATE**

Provider Name SUSSEX COUNTY HOMESTEAD
 DHSS Number 19510
 Facility Type Class II
 Cost Report Begin Date 01/01/2009
 Cost Report End Date 12/31/2009
 Cost Report Period CMI 1.0248

**JANUARY 2012 QUARTER
DIRECT CARE RATE COMPONENT**

Direct Care Case Mix		Direct Care Non Case Mix		Total
Inflated NF Costs	\$118.62	Inflated NF Costs	\$15.07	\$133.69
Facility Specific Adjusted Limit	\$109.07	Non Case Mix Portion of Limit	\$13.86	\$122.93
Limited Direct Care Rate	\$109.07		\$13.86	\$122.93
Facility Average Medicaid CMI	0.9900			
Proportionate Medicaid CMI Adjustment	0.963330			
Facility Adjusted Average Medicaid CMI	0.9537			
Divided by Cost Report Period CMI Equals	0.93062			
Direct Care Medicaid CMI Adjusted Rate	\$101.50		\$13.86	\$115.36

TOTAL RATE CALCULATION

Direct Health Care	\$115.36		
Operating and Administrative Class Price	\$89.76		
FRV Allowance	\$12.73	Budget Adjustment Factor (BAF)	0.92180
Total	\$217.85	BAF Adjusted Rate (BAF Times Phase In Rate)	\$200.81
June 30, 2010 Rate Without First Add On	\$210.78	Max. of BAF Adjusted Rate or June 30, 2010 Rate Less \$10	\$200.81
Phase In - Within \$10.00 of June 30, 2010 Rate	\$217.85	Plus Provider Tax - SFY 2012 First Add On	\$0.00
		Total Rate	\$200.81



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MARY E. O'DOWD, M.P.H.
Commissioner

CERTIFIED MAIL NO. 7010 2780 0002 0137 3537

November 15, 2011

Sussex County Homestead
129 Morris Turnpike
Newton, NJ 07860

RE: Sussex County Homestead
Provider Nos. 19510 / 4503902

Dear Administrator:

Your Medicaid rate effective 10/01/2011 through 12/31/2011 is comprised of the following items.

Case Mix Rate	\$	202.13
Provider Tax Distribution	\$	0.00
Total Rate	\$	<u>202.13</u>

This rate has been calculated based on requirements contained in N.J.A.C. 8:85 and the FY 2012 Appropriations Act. One provision of the regulations provides a phase-in of the case mix rate setting system. Specifically, this year's rate is limited to no more than \$10.00 above or below your facility's rate in effect June 30, 2010. N.J.A.C. 8:85-3.10(4)iii indicates that for the October, January and April rate quarters, the facility's average Medicaid case mix index (CMI) shall be increased or decreased proportionately so that the statewide average Medicaid CMI equals the statewide average Medicaid CMI used for the July 2011 quarter. For each quarter, this adjustment is identified as the "Proportionate Medicaid CMI Adjustment" on the enclosed rate notification details.

Pursuant to N.J.A.C. 8:85-3.17(a)1, requests for Level I Appeals must be submitted in writing and received within sixty (60) calendar days from the date of receipt of this notification by the facility. Appeals should be submitted to the following address:

Department of Health & Senior Services
Nursing Facility Rate Setting & Reimbursement
12 Quakerbridge Plaza, Building D, Room 4
P. O. Box 723
Trenton, New Jersey 08625-0723

Should you have any questions regarding your rate calculation, call Myers and Stauffer LC at (800) 359-1203.

Sincerely,

Kathleen M. Mason, Assistant Commissioner
Senior Benefits and Utilization Management

Enclosure

**NEW JERSEY MEDICAID
CASE MIX RATE**

Provider Name SUSSEX COUNTY HOMESTEAD
 DHSS Number 19510
 Facility Type Class II
 Cost Report Begin Date 01/01/2009
 Cost Report End Date 12/31/2009
 Cost Report Period CMI 1.0248

**OCTOBER 2011 QUARTER
DIRECT CARE RATE COMPONENT**

Direct Care Case Mix		Direct Care Non Case Mix		Total
Inflated NF Costs	\$118.62	Inflated NF Costs	\$15.07	\$133.69
Facility Specific Adjusted Limit	\$109.07	Non Case Mix Portion of Limit	\$13.86	\$122.93
Limited Direct Care Rate	\$109.07		\$13.86	\$122.93
Facility Average Medicaid CMI	0.9920			
Proportionate Medicaid CMI Adjustment	0.974937			
Facility Adjusted Average Medicaid CMI	0.9671			
Divided by Cost Report Period CMI Equals	0.94370			
Direct Care Medicaid CMI Adjusted Rate	\$102.93		\$13.86	\$116.79
TOTAL RATE CALCULATION				
Direct Health Care	\$116.79			
Operating and Administrative Class Price	\$89.76			
FRV Allowance	\$12.73	Budget Adjustment Factor (BAF)		0.92180
Total	\$219.28	BAF Adjusted Rate (BAF Times Phase In Rate)		\$202.13
June 30, 2010 Rate Without First Add On	\$210.78	Max. of BAF Adjusted Rate or June 30, 2010 Rate Less \$10		\$202.13
Phase In - Within \$10.00 of June 30, 2010 Rate	\$219.28	Plus Provider Tax - SFY 2012 First Add On		\$0.00
		Total Rate		\$202.13