

Special Transitional Rates for Residents of the Vermont State Hospital Nursing Facilities

As part of the regionalization of mental health services, the Department of Mental Health and Mental Retardation and the Department of Aging and Disabilities have been working on plans to enhance community capacity for services to elderly Vermonters with severe behavioral problems in nursing homes. Closing the Vermont State Hospital Nursing Facilities will permit resources to be transferred to the community to support the enhanced service system statewide.

To further the goal of closing the State Hospital Nursing Facilities, the Division has established a special transitional rate for residents of the Vermont State Hospital Nursing Facilities that are transferred to Vermont licensed nursing facilities. The purpose of this special rate is to help defray the anticipated transitional expense of accommodating the needs of the transferred residents. V.D.R.S.R. §17.4.

This Practice and Procedure Issuance explains the benefits of the special transitional rates for providers, the conditions of availability, and the application procedure.

I. BENEFITS OF SPECIAL TRANSITIONAL RATES

A. The special transitional rate is an individual per diem rate which is paid for service rendered by a receiving facility to a former resident of the Vermont State Hospital Nursing Facilities. The special transitional rate consists of two parts:

1. the current certified per diem rate for the receiving facility, included among the regular monthly Medicaid payments to the facility, and

2. **a per diem supplemental payment.**

- a. The amount of the supplemental payment will be related to the classification of the resident by the Department of Mental Health and Mental Retardation which will be done in consultation with the Division of Licensing and Protection **based on the anticipated difficulty of and the resources needed for the transition and is expected to be in the range of approximately \$20 to \$80 per diem.** V.D.R.S.R. §17.4(b)(1).

**Special Transitional Rates for Residents of the
Vermont State Hospital Nursing Facilities (cont.)**

- b. For service from the date of transfer to June 30, 1994, the total amount of supplemental payments which is expected to be paid on account of an individual resident will be **paid as a lump sum** shortly after the date of transfer. V.D.R.S.R. §17.4(b)(2).
- c. Service provided after June 30, 1994, will be paid quarterly in arrears after the filing by the provider of the form *Report of Service Provided to a Former Resident of the Vermont State Hospital Nursing Home* (Form 93-5.5F) .

B. The last case-mix score assigned to the resident while in the State Hospital Nursing Facility will be the minimum case-mix score for that resident for at least two quarters after transfer to the receiving facility. V.D.R.S.R. §17.4(b)(3). For example, if on entry to the receiving facility, the resident's assessment produces a lower case-mix score, then the State Hospital Nursing Facility case-mix score will be used for rate setting purposes for the receiving facility. If the resident assessment produces a higher score, then the new score will be used. The Division of Licensing and Protection will include the appropriate case-mix score for the transferred resident in its quarterly reports to the Division of Rate Setting. V.D.R.S.R. §§1.9(a), 17.4(b)(3).

II. CONDITIONS OF AVAILABILITY

- A. The special transitional rates with the supplemental payments are available only for service provided by receiving facilities to persons who were resident in the Vermont State Hospital Nursing Facilities between May 1, 1993 and December 31, 1993. V.D.R.S.R. §17.4(a).
- B. The transfer to the receiving facility must have been made after May 1, 1993.
- C. **The special transitional rate is payable only for days that the transferred person is a resident in the receiving facility.**
 - 1. For periods of service from May 1, 1993 to June 30, 1994, any advance supplemental payments for days during which the transferred person is not

**Special Transitional Rates for Residents of the
Vermont State Hospital Nursing Facilities (cont.)**

resident in the receiving facility will be treated as over payments and subject to refund by deductions from the provider's future Medicaid payments.

V.D.R.S.R. §17.4(b)(2). **All providers who admitted a former resident of the Vermont State Hospital Nursing Home are required to file, by July 29, 1994, for each former resident one copy of the form *Report of Service Provided to a Former Resident of the Vermont State Hospital Nursing Home* (Form 93-5.5F) accounting for all service provided to each former resident of the Vermont State Hospital Nursing Home for the period from May 1, 1993 to June 30, 1994.** These forms should be sent to Sherri Yacono, Division of Mental Health and Mental Retardation, Administrative Services, 103 South Main Street, Waterbury, Vermont 05671-1601.

2. For service after June 30, 1994, payment will be made quarterly in arrears. **To receive timely payment for services provided during any quarter, the form *Report of Service Provided to a Former Resident of the Vermont State Hospital Nursing Home* (Form 93-5.5F) must be filed with the Department of Mental Health and Mental Retardation no later than 10 days after the end of the quarter.* No supplemental payments will be made on account of any resident until the *Report* form for that resident is filed.**

D. The receiving facility must have in place a plan of care which has been developed in conjunction with the staff of the Department of Mental Health and Mental Retardation and the Division of Licensing and Protection, who must also approve the plan. V.D.R.S.R. §17.4(c). No special transitional rates will be paid before a plan of care has been approved for the transferred resident.

E. To be eligible for the Special Transitional Rate in any quarter, the provider must make the declaration required on the *Report of Service Provided to a Former Resident of the Vermont State Hospital Nursing Home* (Form 93-5.5F), that during the previous quarter the resident's status has remained unchanged as regards continuing behavior management problems. V.D.R.S.R. §17.4(b)(3)(ii). This declaration is subject to verification by the Division of Licensing and Protection.

*Providers should note that for service rendered after June 30, 1994, only six hold days will be paid for each discharge for a hospital stay.

**Special Transitional Rates for Residents of the
Vermont State Hospital Nursing Facilities (cont.)**

Effective: July 1, 1994

Ruth Rivers
Director

Report of Service Provided to a Former Resident of the Vermont State Hospital Nursing Home

IMPORTANT: To receive payment, this form must be filed quarterly with the Department of Mental Health/Mental Retardation, Administrative Services, 103 So. Main St., Waterbury VT 05671-1601, Attention: Sherri Yacono, (802) 241-2635.

Provider's Name:	Address:
Medicaid Provider ID. No.	

Name of Resident:				
Dates of Service		Number of Days		
First day of period and/or date(s) admitted or readmitted	Last day of period and/or date(s) of discharge	Medicare	Medicaid	Paid Hold Days
TOTAL				

Declaration of Resident Status

I hereby declare that this resident -

- continues to exhibit behavior management problems that have not improved since his/her discharge from the State Hospital Nursing home.
- continues to have behavior problems, which are controlled by an established behavior management program.
- behavior is no longer a significant problem for the following reasons (such as advanced age, medical conditions, etc.):

Signature of Representative: _____	Name and Address of Representative:
Date: _____	Telephone No. : FAX No. :