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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 9@ Quality Assurance Fee and Long Term Care Reimbursement Methodology

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Section 52511@ Rate-Setting for De-Certified Facilities

## **52511 Rate-Setting for De-Certified Facilities**

### **(a)**

Facilities that have been de-certified for less than six months and upon recertification shall continue to receive the facility per diem reimbursement rate in effect prior to decertification. Facilities shall continue to receive the facility per diem reimbursement rate until one of the conditions in paragraph (1) or (2) have been met. (1) The Department shall calculate the FS/NF-B facility-specific rate when a minimum of six months of Medi-Cal cost data has been audited. The facility-specific rate based on the audited six months of Medi-Cal cost data shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021. (2) The Department shall calculate the FSSA/NF-Bs facility-specific rate when a cost report with a minimum of twelve months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.

### **(1)**

The Department shall calculate the FS/NF-B facility-specific rate when a minimum of six months of Medi-Cal cost data has been audited. The facility-specific rate based on the audited six months of Medi-Cal cost data shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code

Section 14126.021.

**(2)**

The Department shall calculate the FSSA/NF-Bs facility-specific rate when a cost report with a minimum of twelve months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.

**(b)**

Facilities that have been de-certified for six months or longer and upon recertification shall receive a reimbursement rate based on the peer-group weighted average Medi-Cal reimbursement rate. Facilities shall continue to receive the peer-group weighted average Medi-Cal reimbursement rate until one of the conditions in paragraph (1) or (2) have been met. (1) The Department shall calculate the FS/NF-B facility-specific rate when a minimum of six months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021. (2) The Department shall calculate the FSSA/NF-Bs facility-specific rate when a cost report with a minimum of twelve months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.

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**(2)**

The Department shall calculate the FSSA/NF-Bs facility-specific rate when a cost report with a minimum of twelve months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.