

State of Mississippi
TITLE XIX Long-Term Care Reimbursement Plan

reports used to calculate the base rate will be the cost report filed for the period ending in the second calendar year prior to the beginning of the next calendar rate year. For example, the base rates effective January 1, 2001 will be determined from cost reports filed for the year ended June 30, 1999 for state owned facilities, for the year ended September 30, 1999 for county owned facilities and for the year ended December 31, 1999 (or other approved year end) for all other facilities, unless a short period cost report and rate calculation are required by other provisions of this plan.

However, the per diem base rate effective January 1, 2010, will continue to be effective through June 30, 2013, for facilities in operation as of August 25, 2010. For all other facilities that are initially Medicaid certified between August 25, 2010 and June 30, 2013, the per diem base rate effective the first day of Medicaid certification, computed in accordance with this plan subject to January 1, 2010 ceilings, will be used as the base rate through June 30, 2013. No adjustments to the base rate, for increases or decreases in the number of certified Medicaid beds, will be used to determine nursing facility rates after January 1, 2010 and before July 1, 2013.

A description of the calculation of the per diem rate is as follows:

A. Direct Care Base Rate and Care Related Rate Determination

Direct care costs include salaries and fringe benefits for registered nurses (RN's),(excluding the Director of Nursing, the Assistant Director of Nursing and the Resident Assessment Instrument (RAI) Coordinator); licensed practical nurses (LPN's); nurse aides; feeding assistants; contract RN's, LPN's, and nurse aides, medical supplies and other direct care supplies; medical waste disposal; and allowable drugs.