



*New Jersey Department of  
Human Services*



# SFY 2021 Nursing Facility Rates & Expenditure Reporting

October 16, 2020



# Welcome!

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- **Agenda**

- State Staff Introductions
- SFY2021 Rate Calculations
  - ✦ Impact of shortened fiscal year and legislation
  - ✦ Quality Incentive Payment Program (QIPP)
- Annual Rate Notification Letters
  - ✦ What to look for: 10% Increase per [P.L.2020, c.90](#)
- Mandated Expenditures
  - ✦ CNA payments equal to or greater than 60% of increase
  - ✦ COVID-19 Preparedness and Response
- What, How and When to Report
  - ✦ Baseline and Final: Attestation and Wage Schedule
- How to Ask Questions

# SFY2021 Rate Calculations

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- **Due to the public health emergency, SFY2020 rates were extended to September 30, 2020.**
- **SFY2021 will be shortened to nine months and will end as usual on June 30, 2021.**
- **SFY2020 rates were the baseline for SFY2021 rates.**
- **A facility's SFY2021 rates will be equal to their SFY2020 rates + 10 percent.**

○ P.L.2020, c.90

“Notwithstanding the provisions of any law or regulation to the contrary, and subject to any federal approvals as may be required, **effective October 1, 2020 through June 30, 2021**, the reimbursement rate for Class I, Class II, and Class III nursing facilities shall be **equal to the rate received on September 30, 2020, plus a 10 percent adjustment.**”



# Quality Incentive Payment Program (QIPP)

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- **SFY2020 QIPP add-ons carried over for SFY2021.**
  - The QIPP amounts in SFY2021 equal a facility's SFY2020 QIPP payments + 10%.
  - This increase is embedded in a facility's overall 10% increase.
  - QIPP will not be broken out separately in the rate letter facilities receive.
  - Other changes in a facility's QIPP measures were not reflected in the SFY2021 appropriations act.
  - The Division of Aging Services has and will continue QIPP data collection and monitoring.
  - Facilities can expect changes in QIPP performance to be reflected in the upcoming fiscal year (SFY2022 beginning July, 2021).
  - The Division of Aging Services will be sending information to facilities about QIPP participation in the coming weeks.

# Annual Rate Notification Letters

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- **Individual facility letters were mailed to administrators this week, and include:**
  - Calculation of 10% increase
  - Summary of rate components
  - Summary of statute
    - ✦ Mandated expenditures and reporting
    - ✦ Recoupment
  - Excerpt of statutory requirements (printed on the last page)
    - ✦ Please review the entire statute at:  
[https://www.njleg.state.nj.us/2020/Bills/A5000/4547\\_R1.PDF](https://www.njleg.state.nj.us/2020/Bills/A5000/4547_R1.PDF)
  - Appeals process remains the same

*If you do not receive a letter by October 23rd, please email:*

[NFSubmissions@dhs.nj.gov](mailto:NFSubmissions@dhs.nj.gov)



# Annual Rate Notification Letters, cont.

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- **Sample Rate Calculation (as it appears in letter)**

○ Total Rate as of 09/30/2020	\$206.23
○ 10% Increase per P.L.2020, c.90	20.62*
○ <b>Total Rate</b>	<b>\$226.85</b>

*\*Number to use for year-end revenue calculation and reporting.*

## Notes:

- The 09/30 rate includes the \$13.67 provider assessment add-on. Six facilities will have an additional +/- due to assessment status change.
- As in recent years, the fee-for-service rate will serve as the default rate for Medicaid Managed Care Organization (MCO) payment if a separate negotiated rate has not been established with an MCO.

# Annual Rate Notification Letters, cont.

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- **Sample Rate Components (as it appears in letter)**

○ Case Mix Rate	\$191.36
○ Performance Add-On (out of \$3.00)	1.20
○ 10% Increase per P.L.2020, c.90	20.62
○ Provider Assessment Distribution	13.67
○ <b>Total Rate</b>	<b>\$226.85</b>

Notes:

- Case Mix Rate + Performance Add-On + Provider Assessment Distribution = 09/30 Rate on previous slide (first row).
- Total Rate is equal to the Total Rate on the previous slide.

# Mandated Expenditures

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- **Increase for CNA pay and COVID-19 preparedness and response. These funds are subject to recoupment if facilities do not meet the following:**
  - No less than sixty percent of the rate adjustment must be used for the sole purpose of increasing wages or supplemental pay for certified nurse aides providing direct care;
  - The remainder must be used for other costs related to COVID-19 preparedness and response, which can include enhancing infection control measures, cleaning, reconfiguration of the facility to support cohorting, procurement of personal protective equipment, testing, or other staff wages and needs; and
  - The facility must comply with certain enumerated reporting, attestation, infection control, testing, and licensing requirements.

# Mandated Expenditures, cont.

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## ● **Excerpt from P.L.2020, c.90., 9/16/2020**

To ensure compliance with the provisions of this section, any facility receiving the rate adjustment pursuant to this section shall provide:

(1) wage and cost data in a manner and form prescribed by the Commissioner of Human Services; and

(2) attestations from the facility owner of adherence to the following infection control protocols, which shall be submitted in a manner and form as shall be prescribed the Commissioner of Health, and which may be required on an ongoing basis:

(a) the facility has an outbreak response plan in place as required pursuant to section 1 of P.L.2019, c.243 (C.26:2H-12.87), which plan shall be made available to the public through the facility's Internet website and include effective communication methods for conveying information concerning outbreaks of infectious diseases consistent with the requirements of paragraph (2) of subsection b. of section 1 of P.L.2019, c.243 (C.26:2H-12.87) and guidance issued by the Department of Health; provided that, facilities certified by the federal Centers for Medicare and Medicaid Services may effect notification in compliance with the provisions of subsection (g) of 42 CFR s.483.80;

# Mandated Expenditures, cont.

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- **Excerpt from P.L.2020, c.90., 9/16/2020**

(b) the facility has used the personal protective equipment burn rate calculator made available by the federal Centers for Disease Control and Prevention and:

- (i) if the facility is not part of a system with eight or more facilities, the facility has at least a two-month supply of personal protective equipment on hand, in accordance with Executive Directive No. 20-026; or
- (ii) if the facility is part of a system of eight or more facilities, the facility has at least a one-month supply of personal protective equipment on hand, in accordance with Executive Directive No. 20-026;

(c) the facility has registered with the Department of Health, authorized the department to access data, and is providing information in accordance with the requirements of Executive Directive No. 20-026; and

(d) the facility has implemented a respiratory protection program that complies with the respiratory protection standard for employees established by the federal Occupational Safety and Health Administration, including fit testing and training in donning and doffing personal protective equipment.

# Mandated Expenditures, cont.

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- **Excerpt from P.L.2020, c.90., 9/16/2020**

c. A facility receiving a rate adjustment pursuant to this section that has been cited by the Department of Health for two repeat infection control violations during the period from October 1, 2020 through June 30, 2021, including, but not limited to, citations for repeat violations of the staff and resident testing requirements outlined in Executive Directive No. 20-026, may be subject to recoupment of the rate adjustment by the State in an amount not to exceed the total value of the rate adjustment.

d. A facility that fails to meet any requirement of this section may be subject to recoupment of the adjustment by the State in an amount not to exceed the total value of the rate adjustment. Any attestation required under paragraph (2) of subsection b. of this section that is filed after a deadline established by the Department of Health or June 30, 2021, whichever is earlier, shall be considered a failure to meet the requirements of this section.

# What, How and When to Report

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- **To ensure compliance with the pay increase, nursing facilities will be required to submit two attestations and wage schedules to DHS.**
  - The first requires certification as to wages at the beginning of the compliance period and the second requires certification as to the use of all new revenue at the end of the compliance period.
  - The Department of Health will monitor compliance with the qualitative criteria.
  - Failure to meet the requirements of P.L.2020, c.90 or failure to submit required attestations and wage schedules may result in the recoupment of funds.

# What, How and When to Report, cont.

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- **Instructions and Excel attestation/wage schedule**
  - The attestation instructions, forms and templates will be posted at the DHS COVID-19 Information page under the Aging Services heading near the top of the page: <https://nj.gov/humanservices/coronavirus.html>.
  - Facilities will upload a single Excel file that contains both the Attestation and Wage Schedule to: <http://njdoas-ua.force.com/NF>.
  - Facilities are required to submit the first baseline attestation and wage schedule by November 30, 2020, for pre-increase wages as of October 1, 2020.
  - The second attestation and wage schedule, for the period from October 1, 2020, through June 30, 2021, must be submitted by August 13, 2021.

# What, How and When to Report, cont.

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- **Excel: Attestation and Wage Schedule Instructions**
  - Structure: Single file with four sheets.
    - ✦ **Attest Baseline:** Complete informational cells. This sheet also calculates certain fields from “CNA Wage Base.”
    - ✦ **CNA Wage Base:** Enter baseline wage schedule.
    - ✦ **Attest Final:** Update informational cells. This sheet also calculates certain fields from “CNA Wage Final” and requires the facility to enter figures in four additional cells.
    - ✦ **CNA Wage Final:** Enter final wage schedule.

**Attest Baseline**

CNA Wage Base

Attest Final

CNA Wage Final

# What, How and When to Report, cont.

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- **Excel: Attestation and Wage Schedule Instructions**
  - First, on the Attestation sheets, complete the informational fields.
    - ✦ **Attest Baseline** (\*displayed below)
    - ✦ **Attest Final**: Linked to baseline, update if there are changes for final report.

1	<b>Nursing Facility Name</b>	City Care Center
2	<b>Federal Tax ID (9 digits, no characters)</b>	123456789
3	<b>Medicaid NF Provider # (7 digits, no characters)</b>	1234567
4	<b>Reporting Officer Name</b>	First Last
5	<b>Reporting Officer Title</b>	Chief Financial Officer
6	<b>Reporting Officer Phone # (10 digits, no characters)</b>	123-456-7890
7	<b>Reporting Officer Email Address</b>	<a href="mailto:first.last@ccc.com">first.last@ccc.com</a>

# What, How and When to Report, cont.

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- **Excel: Attestation and Wage Schedule Instructions**

- Complete the Wage Schedule sheet.
  - ✦ **CNA Wage Base:** Employee ID, CNA Type, Hourly Wage
  - ✦ **CNA Wage Final:** Employee ID, CNA Type, Hourly Wage, & Bonus/Supplemental (\*displayed below)

	A	B	C	D
1	Employee ID	CNA Type	Hourly Wage	Bonus/Supplemental
2	1	Full Time	\$ 16.00	\$ 70.00
3	2	Full Time	\$ 15.00	\$ 65.00
4	3	Part Time	\$ 14.00	\$ 115.00
5	4	Per Diem	\$ 15.00	\$ 105.00
6	5	Per Diem	\$ 16.00	\$ 100.00
7	6	Part Time	\$ 15.00	\$ 75.00
8	7	Per Diem	\$ 15.00	\$ 120.00

# What, How and When to Report, cont.

- **Excel: Attestation and Wage Schedule Instructions**
  - **Attest Baseline & Final:** Totals will automatically calculate.

31	I affirm and attest to the following workforce totals related to this baseline and final reporting periods:			
32	<b>Certified Nurse Aide Reporting as of 10/01/2020*</b>	<b># Employed</b>	<b>Average Hourly Wage</b>	
33	Full Time	103	\$	13.44
34	Part Time	102	\$	13.72
35	Per Diem	95	\$	13.56
36	Other	1	\$	13.00
37	<b>Total Employed and Average Wage</b>	<b>301</b>	<b>\$</b>	<b>13.57</b>
38	<i>*These totals are automatically calculated from the detailed "CNA Wage Base" sheet.</i>			
39				
40	<b>Certified Nurse Aide Reporting as of 06/30/2021*</b>	<b># Employed</b>	<b>Average Hourly Wage</b>	
41	Full Time	107	\$	14.95
42	Part Time	106	\$	15.01
43	Per Diem	99	\$	15.10
44	Other	1	\$	14.00
45	<b>Total Employed and Average Wage</b>	<b>313</b>	<b>\$</b>	<b>15.02</b>
46	<i>*These totals are automatically calculated from the detailed "CNA Wage Final" sheet.</i>			

# What, How and When to Report, cont.

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- **Excel: Attestation and Wage Schedule Instructions**
  - **Attest Final:** Calculating the additional revenue received/expended.

13	<b>10% Rate Increase Reporting</b>		
14	<b>(1) 10% Daily Rate Increase per P.L.2020, c.90</b>	\$	20.62 <i>From notification letter</i>
15			
16	(2) Medicaid days billed 10/01/2020 – 06/30/2021		25,000
17	<b>(3) Additional funding = (1) * (2)</b>	\$	515,500 <i>Calculated field</i>
18	(4) Minimum applied to wages = (3) * 60%		309,300 <i>Calculated field</i>
19			
20	<b>Total CNA Expenditure Reporting</b>	<b>Total for 10/01/2020 – 06/30/2021</b>	
21	CNA wages, additional amount expended	\$	279,580
22	CNA bonus/supplemental pay, from wage schedule	\$	28,720 <i>Calculated field</i>
23	CNA bonus/supplemental pay, not on wage schedule	\$	1,000
24	<b>Total CNA payments</b>	\$	309,300 <i>Calculated field</i>
25	<i>Amount (below) wage minimum</i>		- <i>Calculated field</i>

# What, How and When to Report, cont.

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- **Excel: Attestation and Wage Schedule Instructions**
  - **Attest Final:** Attesting to use of additional revenue.

## 44 Attestation for Total Expenditures

I affirm and attest that, as detailed in the Total Expenditure Reporting no less than sixty percent of the Medicaid rate adjustment provided was used for the sole purpose of increasing wages or supplemental pay for certified nurse aides providing direct care. By uploading this file, I further affirm and attest that the foregoing statements made by me are true and are supported by documentation that would meet the standards of an independent auditor. I understand that if this information is not true and supported by such documentation, the State reserves all rights of remedy and enforcement, including but not limited to recoupment of funds and offset of future payments, reimbursements and any other amounts payable to Nursing Facility by the State. I understand that the date, time and device IP address used for submission will be recorded.

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# What, How and When to Report, cont.

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- **Nursing Facility Reporting Portal**

<http://njdoas-ua.force.com/NF>



*New Jersey Department of*  
*Human Services*

State of New Jersey  
DHS  
Department of  
Human  
Services

**Division of Aging Services**

### Nursing Facility Reporting Portal

\* Medicaid NF Provider #

Verify

# What, How and When to Report, cont.

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- **Nursing Facility Reporting Submission Screen**

Nursing Facility Name: Medicaid NF Provider#:

Enter the information of the person submitting the data.

\* Last Name  \* First Name

Phone  \* Email

Notes

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	File Name	Upload	Delete
1.	Attestation and Wage Schedule		<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Files cannot be deleted once submitted.

File Submission History

S.No#	Attestation and Wage Schedule	Submitted Date	Submitter Name	Notes
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# What, How and When to Report, cont.

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## Instructions for Nursing Facility Reporting Portal

- Before beginning the upload process, you will need:
  - (a) Nursing Facility Name,
  - (b) Medicaid NF Provider #, and
  - (c) the completed Attestation and Wage Schedule Excel file.
- To login, enter your Medicaid NF Provider # exactly as it appears on the Rate Notification Letter. If the code is correct, you will be able to see the Nursing Facility name associated with the code and will be able to proceed.
- Enter your First Name, Last Name, Phone, Email and Notes on the form.
- To upload the document, you will need the completed Attestation and Wage Schedule Excel file on your device. The format is shown in the embedded template below. Please click on below link to download the file.



[Attestation and Wage Schedule File Format](#)

- For upload process, click the "Upload File" button. Locate the document on your device and select it. Then click the "Done" button.  
You will see the name of your document under "File Name" once attached successfully. If you need to delete the document, click the  to delete. You will need to re-attach it.
- Click on "Submit" button to submit the application.
- The portal will retain a record of your submission that you can view by entering your information. However, you will not be able to view or download the file once it is uploaded. Please keep a copy of the Attestation and Wage Schedule for your records.

# Questions and Comments

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- **For questions, comments and technical assistance, please email our dedicated help desk:**

[NFSubmissions@dhs.nj.gov](mailto:NFSubmissions@dhs.nj.gov)

**Thank You!**