

SECTION 20.000 SPECIAL EXCEPTIONS TO THE PAYMENT RATE

Section 20.010 **Swing beds.** Medical assistance must not be used to pay the costs of nursing care provided to a patient in a swing bed unless:

- A. The facility in which the swing bed is located is eligible as a sole community provider, as defined in 42 CFR §412.92; or
- B. As of January 1, 2004, the facility in which the swing bed is located had an agreement with the Department to provide medical assistance swing bed services. This exception applies to swing bed services provided on or after July 1, 2005; or
- C. The facility is a public hospital owned by a governmental entity with ~~45~~25 or fewer licensed acute-care beds; and
- D. Nursing facility care has been recommended for the person by a long-term care consultation team; and
- E. The person no longer requires acute-care services; and
- F. No nursing facility beds are available within 25 miles of the facility.

Medical assistance also covers up to ten days of nursing care provided to a patient in a swing bed if: (1) the patient's physician certifies that the patient has a terminal illness or condition that is likely to result in death within 30 days and that moving the patient would not be in the best interest of the patient and patient's family; (2) no open nursing home beds are available within 25 miles of the facility; and (3) no open beds are available in any Medicare hospice program within 50 miles of the facility.

The Critical Access Hospital located at 515 West 5th Avenue in the city of Grand Marais, that has been approved by The Centers for Medicare & Medicaid Services to provide swing bed services, are exempt from clause F, and may provide nursing care to eligible individuals in swing beds without requiring a prior hospital stay and with no limit on the number of days such services may be provided in a calendar year.

The daily medical assistance payment rate for nursing care for a person in a swing bed is the statewide average medical assistance skilled nursing care per diem as computed annually on July 1 of each year.

Supersedes: 25-10 (23-21, 19-03, 17-26, 17-16, 17-01, 16-04, 15-10, 14-13, 13-16, 12-23, 12-15, 12-11, 11-26, 11-17, 11-13, 11-08, 10-25, 10-15, 10-13, 09-26, 08-18, 08-15, 07-10, 07-07, 06-13, 05-14)

contiguous to the adjacent city. The Minnesota facility's operating payment rate with a weight of 1.0 shall be computed by dividing the adjacent city's nursing facilities median operating payment rate with a weight of 1.02 by 1.02. If the adjustments under this subdivision result in a rate that exceeds the limits in section 23.120 in a given rate year, the facility's rate shall not be subject to those limits for that rate year. This section shall apply only if it results in a higher operating payment rate than would otherwise be determined under this section.

Effective for the rate year beginning on or after January 1, 2021, each eligible nonprofit facility located within the boundaries of the city of Breckenridge or Moorhead will receive a rate add-on to their external fixed rate if they apply via the application process and by the statutory deadline. The add-on to the external fixed costs payment rate is the difference on January 1 of the median total payment rate for case mix classification PA1 of the nonprofit facilities located in an adjacent city in another state and in cities contiguous to the adjacent city minus the eligible nursing facility's total payment rate for case mix classification PA1.

Section 23.140. **Calculation of payment rate for external fixed costs.** The commissioner shall calculate a payment rate for external fixed costs. The state will pay the Medicaid portion of the following calculated rate:

- (a) For a facility licensed as a nursing home, the portion related to Minnesota Statutes, §256.9657, shall be equal to ~~\$8.86~~ \$19.02. For a facility licensed as both a nursing home and a boarding care home, the portion related to Minnesota Statutes, §256.9657, shall be equal to ~~\$8.86~~ \$19.02 multiplied by the result of its number of nursing home beds divided by its total number of licensed beds.
- (b) The portion related to the Minnesota Department of Health licensure fee shall be the amount of the fee divided by actual resident days.
- (c) The portion related to scholarships shall be determined under Section 20.060.
- (d) The portion related to development and education of resident and family advisory councils shall be \$5 divided by 365.
- (e) The portion related to planned closure rate adjustments shall be as determined under Section 20.027.
- (f) The portions related to real estate taxes, special assessments, and payments made in lieu of real estate taxes directly identified or allocated to the nursing facility shall be the actual amounts divided by actual resident days.
- (g) The portion related to the Public Employees Retirement Association shall be actual allowable costs divided by resident days.