

State of California
Office of Administrative Law

NOTICE OF APPROVAL OF CERTIFICATE OF COMPLIANCE
Government Code Section 11349.1 and 11349.6(d)
OAL File No. 2014-0415-02 C

In re:
Department of Health Care Services
Regulatory Action:

Title 22, California Code of Regulations

Adopt sections: [Blank]
Amend sections: 51510, 51510.1, 51510.2, 51510.3, 51511, 51511.5, 51511.6,
51535, 51535.1, 54501
Repeal sections: [Blank]

The Department of Health Care Services submitted this timely certificate of compliance to make permanent the emergency regulations adopted in OAL file no. 2013-1216-04E. There are no changes to the emergency regulations previously approved. The emergency action amended sections of Title 22 of the California Code of Regulations to adjust reimbursement rates established by the Department as required by Welfare and Institutions Code section 14105. OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: 5/22/2014

[Signed]
Eric Beverly J. Johnson Deputy Director

For: DEBRA M. CORNEZ Director

Original: Toby Douglas
Copy: Ben Carranco

[Stamp]
CERT

State of California – Office of Administrative Law
Notice Publication/Regulations Submission

Std. 400 (Rev. 01-2013)

OAL File Numbers

Notice File Number: Z- 2013-1230-01

Regulatory Action Number: 2014-00415-02C

Emergency Number: [Blank]

[Date Stamp]

2014 APR 15 PM 4:04

Office of Administrative Law

For Use by Secretary of State Only

[Date Stamp]

Endorsed Filed in the Office of 2014 MAY 22 PM 2:00

Debra Bowen

Secretary of State

Agency with Rulemaking Authority: Department of Health Care Services

Agency File Number: DHCS-09-013E

A. Publication of Notice (Complete for publication in Notice Register)

1. Subject of Notice: [Blank]

Titles: [Blank]

First Section Affected: [Blank]

2. Requested Publication Date: [Blank]

3. Notice Type

Notice re Proposed Regulatory Action: [Blank]

Other: [Blank]

4. Agency Contact Person: [Blank]

Telephone Number: [Blank]

Fax: Number: [Blank]

OAL Use only

Action on Proposed Notice:

Approved as submitted [Blank]

Approved as modified [Blank]

Disapproved/Withdrawn [Blank]

Notice Register Number: 2014, 2-Z

Publication Date: 01/10/2014

B. Submission of Regulation (Complete when submitting regulation)

1a. Subject of Regulations: Long-Term Care Reimbursement

1b. All Previous related OAL Regulatory Action Number(s): 2013-1216-04E

2. Specify California Code of Regulation Titles and Sections (Including title 26, if toxics related

Section(s) Affected (List all section number(s) individually. Attach additional sheet if needed.)

Adopt: [Blank]

Amend: 51510, 51510.1, 51510.2, 51510.3, 51511, 51511.5, 51511.6, 51535, 51535.1, and 54501

Title(s): 22

Repeal: [Blank]

3. Type of Filing

Regular Rulemaking (Gov. Code §11346): [Blank]

Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4): [Blank]

Emergency (Gov. Code, §11346.1(b)): [Blank]

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.: [Checked]

Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1): [Blank]

Emergency Readopt (Gov. Code, §11346.1(h)): [Blank]

File & Print: [Blank]

Changes without regulatory effect (cal. Code Regs., title 1, §100): [Blank]

Print Only: [Blank]

Other (Specify): [Blank]

4. All beginning and ending dates of availability of modified regulations and/or material added to the rulemaking file (Cal. Code Regs, title 1, §44 and Gov. Code §11347.1): [Blank]

5. Effective Date of Changes (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs, title 1, §100):

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)): [Blank]

Effective on filing with Secretary of State: [Checked]

§100 Changes Without Regulatory Effect: [Blank]

Effective other (Specify): [Blank]

6. Check if these regulations require notice to, or review, consultation, approval or concurrence by, another agency or entity.

Department of Finance (Form STD. 399) (SAM §6660): [Checked]

Fair Political Practices Commission: [Blank]

State Fire Marshal: [Blank]

Other (Specify): [Blank]

7. Contact Person: Ben Carranco

Telephone Number: 916-440-7766

Fax Number (Optional): 916-440-5748

Email Address: ben.carranco@dhcs.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

Signature of Agency Head or Designee: [Signed]

Typed Name and Title of Signatory: Toby Douglas, Director

Date: 4/10/14

For use by Office of Administrative Law (OAL) only

[Stamp]

Endorsed Approved

MAY 22 2014

Office of Administrative Law

§ 51510. Nursing Facility Level A Services.

(a) – (d) No change

(e) Payment to nursing facilities or public institutions providing Level A services in accordance with Section 51120 shall be as follows:

(1) For facilities in the following counties the base rate is:

Effective Rate Year

Los Angeles County

2004-05 \$80.62

2005-06 \$87.18

2006-07 \$99.38

Effective Rate Year

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara & Sonoma Counties

2004-05 \$80.62

2005-06 \$87.18

2006-07 \$99.38

Effective Rate Year All Other Counties

2004-05 \$67.94

]2005-06 \$67.94

2006-07 \$67.94

(2) For facilities with licensed bed capacities of 100 beds or more, effective August 2, 2003, each facility shall receive a rate of \$89.54 until such time the prospective county rate for their geographic location based on the categories

listed above exceeds that amount. At that time, those facilities shall receive the rate for all facilities within that geographic location.

(3) For a leave of absence, the base rate shall be reduced pursuant to Section 51535.

(4) For bed holds, the base rate shall be reduced pursuant to Section 51535.1.

(f) – (j) No Change

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105, 14108, 14108.1, 14110.6, 14110.7 and 14124.5, Welfare and Institutions Code. Reference: Sections, 14108, 14108.1, 14108.2, 14109.5, 14110.1, 14110.4, 14110.6, 14110.7 and 14123, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

§ 51510.1. Intermediate Care Services for the Developmentally Disabled.

(a) – (c) No change

(d) Skilled nursing facilities and intermediate care facilities with the licensed bed capacities shown below meeting the standards and criteria established for intermediate care facility services for the developmentally disabled, as defined in Sections 76301 through 76413, Article 3, Chapter 8, Division 5, Title 22, California Code of Regulations, shall be entitled to payment according to the following daily rates. Payment for service includes the Quality Assurance Fee pursuant to Health and Safety Code Section 1324.2.

Total Licensed Beds	1-59	
Effective Rate Year	2004- 05	\$143.95
Total Licensed Beds	60 Plus	
Effective Rate Year	2004-05	\$123.87
Total Licensed Beds	60 Plus with Distinct Part	
Effective Rate Year	2004- 05	\$123.87
Total Licensed Beds	1-59	
Effective Rate Year	2005-06	\$158.58
Total Licensed Beds	60 Plus	
Effective Rate Year	2005- 06	\$134.46
Total Licensed Beds	60 Plus with Distinct Part	
Effective Rate Year	2005-06	\$134.46
Total Licensed Beds	1-59	
Effective Rate Year	2006- 07	\$158.58

Total Licensed Beds 60 Plus

Effective Rate Year 2006-07 \$147.03

Total Licensed Beds 60 Plus with Distinct Part

Effective Rate Year 2006-07 \$147.03

(1) Reduced for leave of absence for all patients receiving intermediate care facility services for the developmentally disabled in accordance with Section 51535.

(2) Reduced for bed hold for acute hospitalization for all patients receiving intermediate care facility services for the developmentally disabled in accordance with Section 51535.1.

(e) Effective October 1, 1990, state operated facilities shall be entitled to payment for services at actual allowable cost.

(f) For purposes of this section, the rate year is August 1st through July 31st.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105, 14108, 14110.6, 14110.7 and 14124.5, Welfare and Institutions Code. Reference: Sections 14087.3, 14108, 14109.5, 14110.4, 14110.6, 14110.7 and 14123, Welfare and Institutions Code; Sections 1250, 1324, 1324.2, 1324.4, 1324.8, 1324.10 and 1324.12, Health and Safety Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapter 48, Items 4260-101-0001 and 4260-101-0890.

§ 51510.2. Intermediate Care Services for the Developmentally Disabled –
Habilitative.

(a) Daily Reimbursement Rate – Intermediate care facilities meeting licensing and Medi-Cal standards and criteria for providing services to the developmentally disabled-habilitative as contained or referred to in Section 51164.1 through 51343.1, and Sections 76801 through 76962, Divisions 3 and 5, Title 22, California Code of Regulations, shall be entitled to payment according to the following daily rates. Payment for service includes the Quality Assurance Fee pursuant to Health and Safety Code Section 1324.2.

Total Licensed Beds	4-6	
Effective Rate Year 2004-05		\$163.45
Total Licensed Beds	7-15	
Effective Rate Year 2004-05		\$163.18
Total Licensed Beds	4-6	
Effective Rate Year 2005-06		\$174.96
Total Licensed Beds	7-15	
Effective Rate Year 2005-06		\$190.26
Total Licensed Beds	4-6	
Effective Rate Year 2006-07		\$174.96
Total Licensed Beds	7-15	
Effective Rate Year 2006-07		\$190.26

(a)(1) – (d) No change

NOTE: Authority cited: Sections 20 and 1267.7, Health and Safety Code; and Sections 10725, 14105, 14108, 14108.2, 14110.6, 14110.7 and 14125.5, Welfare and Institutions Code. Reference: Sections 1250, 1267.7, 1324, 1324.2, 1324.4, 1324.6, 1324.8, 1324.10 and 1324.12, Health and Safety Code; Sections 14105.47, 14108, 14108.2, 14109.5, 14110.4, 14110.6 and 14123, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

§ 51510.3. Intermediate Care Services for the Developmentally Disabled-Nursing.

(a) Daily Reimbursement Rate – Intermediate care facilities meeting licensing and Medi-Cal Standards and criteria for providing services to the developmentally disabled-nursing as contained or referred to in Sections 51164.2 through 51343.2, Division 3, and Sections 73800 through 73956, Division 5, Title 22, California Code of Regulations, shall be entitled to payment according to the following daily rates. Payment for service includes the Quality Assurance Fee pursuant to Health and Safety Code Section 1324.2.

Total Licensed Beds	4-6	
Effective Rate Year	2004-05	\$200.28
Total Licensed Beds	7-15	
Effective Rate Year	2004-05	\$177.60
Total Licensed Beds	4-6	
Effective Rate Year	2005-06	\$203.18
Total Licensed Beds	7-15	
Effective Rate Year	2005-06	\$202.61
Total Licensed Beds	4-6	
Effective Rate Year	2006-07	\$212.55
Total Licensed Beds	7-15	
Effective Rate Year	2006-07	\$217.66

(a)(1) – (e) No change

NOTE: Authority cited: Sections 20, 1267.7 and 1275.3, Health and Safety Code; and Sections 10725, 14105, 14108, 14108.2, 14110.6, 14110.7 and 14125.5, Welfare and Institutions Code. Reference: Sections 1250, 1267.7, 1324, 1324.2, 1324.4, 1324.6, 1324.8, 1324.10, 1324.12 and 1324.14, Health and Safety Code; Sections 14108, 14108.2, 14109.5, 14110.4, 14110.6 and 14123, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

§ 51511. Nursing Facility Level B Services.

(a) Payment to nursing facilities, hospitals, or public institutions providing Level B services in accordance with Section 51123 shall be as set forth in this section. As used in this section, the term “nursing facility Level B services” is defined as nursing facility services provided in accordance with Section 51123. Payment for service includes the Quality Assurance Fee pursuant to Health and Safety Code Section 1324.21. Payment shall be as follows:

(1) For facilities with licensed bed capacities and located by county, for the 2004-05 rate year are as follows:

Bedsize	1-59	
<i>Los Angeles County</i>		\$112.79
Bedsize	60 Plus	
<i>Los Angeles County</i>		\$112.92
Bedsize	1-59	
<i>Alameda, Contra Costa, Marin, Napa,</i>		
<i>San Francisco San Mateo, Santa Clara & Sonoma Counties</i>		\$137.95
Bedsize	60 Plus	
<i>Alameda, Contra Costa, Marin, Napa,</i>		
<i>San Francisco San Mateo, Santa Clara & Sonoma Counties</i>		\$ 146.81
Bedsize	1-59	
<i>Al Other Counties</i>		\$122.90
Bedsize	60 Plus	
<i>Al Other Counties</i>		\$126.80

(2) For nursing facilities that are distinct parts of acute care hospitals, if such facilities are not state operated, the per-diem reimbursement rate shall be the lesser of the facility's costs, as projected by the Department, or as listed in the chart below:

Distinct Part Nursing Facilities

Effective Rate Year	2004-05	\$236.82
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Distinct Part Nursing Facilities

Effective Rate Year	2005-06	\$299.80
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Distinct Part Nursing Facilities

Effective Rate Year	2006-07	\$310.68
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(A) For purposes of this section, the rate year is August 1st through July 31st.

(B) The facility's projected costs shall be based on the audit report findings of cost reports with fiscal periods ending January 1 through December 31, two calendar years prior to the beginning of the effective rate year. In the event the provider appeals the audit, pursuant to Welfare and Institutions Code Section 14171, and the provider notifies the Department by June 1 of the effective rate year that the audit report findings have been modified by an appeal decision or an agreement between the hospital and the Department, the facility's projected costs shall be based on the modified audit findings.

(C) If the audit of a cost report is not issued by July 1 of the effective rate year, the Department shall establish an interim projected reimbursement rate based on the cost report with a fiscal period ending January 1 through December

31, two calendar years prior to the effective rate year, adjusted by an audit disallowance factor as listed in the chart below:

Audit Disallowance Factor

Per Rate Year 2004-05 .95566

Audit Disallowance Factor

Per Rate Year 2005-06 .95211

Audit Disallowance Factor

Per Rate Year 2006-07 .95211[

(D) The Department will use the facility's interim projected reimbursement rate in the computation of the prospective class median rate. Facilities that did not provide Nursing Facility Level B services to Medi-Cal patients during the cost report period and/or facilities with less than a full year's reported cost shall not be used to establish the prospective class median rate. In addition, facilities with Medi-Cal patient days representing less than 20 percent of their total patient days will be excluded from the median determination.

(E) If the facility has an interim reimbursement rate as specified in (C), when the audit report is issued or when the cost report is deemed true and correct under Welfare and Institutions Code Section 14170(a)(1), the Department shall adjust the facility's projected reimbursement rate retroactively to August 1 of the effective rate year, to reflect the cost determined pursuant to such audit, or to reflect the cost in the cost report in the event that cost report is deemed true and correct. The Department shall notify the provider of the revised rates within 45 days of issuance of the audit report.

(F) Interest will accrue from August 1 of the effective rate year, and be payable on any such underpayment or overpayment at a rate equal to the monthly average received on investment in the Surplus Money Investment Fund (as referenced in Welfare and Institutions Code, Section 14171) during the month the audit report is issued.

(G) If a provider appeals an audit pursuant to Welfare and Institutions Code Section 14171, and there is a determination that the audit findings inaccurately reflect the audited facility's projected costs, the provider shall be entitled to seek a retroactive adjustment in its reimbursement rate, but the resulting reimbursement rate shall not exceed the prospective median rate as provided in subsection (a)(2).

(H) Payment under subsection (a)(2) shall only be made for services authorized pursuant to conditions set forth in Section 51335 for patients determined to need Level B services for other than post-surgical rehabilitation or therapy services.

(3) Reimbursement to any state-operated facility shall be based on its actual allowable costs.

(4) For facilities that are designated as swing bed facilities, the rates are listed in the chart below:

Swing Bed Facilities

Effective Rate Year	2004-05	\$229.96
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Swing Bed Facilities

Effective Rate Year	2005-06	\$250.04
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Swing Bed Facilities

Effective Rate Year 2006-07 \$269.26

(5) Reduced for leave of absence provided pursuant to Section 51535.

(6) Reduced for bed hold provided pursuant to Section 51535.1.

(b) – (j) No Change

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105, 14108, 14108.1, 14108.2, 14110.6, 14110.7 and 14124.5, Welfare and Institutions Code. Reference: Sections 14105, 14108, 14108.1, 14108.2, 14109.5, 14110.1, 14110.4, 14110.6, 14110.7, 14123 and 14171, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

51511.5. Nursing Facility Services – Subacute Care Reimbursement.

(a)(1) For the 2003-04, 2004-05, and 2005-06 rate years, the prospective rate of reimbursement, which shall be the all-inclusive per diem rates of reimbursement for subacute services as defined in Section 51335.5(a), shall be the lesser of the facility's costs as projected by the Department or the rate based on the class median rates continued from the prior year, as set forth below:

Type of Licensure Hospital-Based

Type of Patient Ventilator Dependent

Class Median Based Rate Per Rate Year

2004-05 \$580.07

Type of Licensure Hospital-Based

Type of Patient Ventilator Dependent

Class Median Based Rate Per Rate Year

2005-06 \$614.11

Type of Licensure Hospital-Based

Type of Patient Ventilator Dependent

Class Median Based Rate Per Rate Year

2006-07 \$704.88

Type of Licensure Freestanding

Type of Patient Ventilator Dependent

Class Median Based Rate Per Rate Year

2004-05 \$409.72

Type of Licensure Freestanding

Type of Patient Ventilator Dependent

Class Median Based Rate Per Rate Year

2005-06 [Blank]

Type of Licensure Freestanding

Type of Patient Ventilator Dependent

Class Median Based Rate Per Rate Year

2006-07 [Blank]

Type of Licensure Hospital-Based

Type of Patient Non-Ventilator Dependent

Class Median Based Rate Per Rate Year

2004-05 \$553.15

Type of Licensure Hospital-Based

Type of Patient Non-Ventilator Dependent

Class Median Based Rate Per Rate Year

2005-06 \$584.97

Type of Licensure Hospital-Based

Type of Patient Non-Ventilator Dependent

Class Median Based Rate Per Rate Year

2006-07 \$674.05

Type of Licensure Freestanding

Type of Patient Non-Ventilator Dependent

Class Median Based Rate Per Rate Year

2004-05 \$381.45

Type of Licensure Freestanding
 Type of Patient Non-Ventilator Dependent
 Class Median Based Rate Per Rate Year
 2005-06 [Blank]

Type of Licensure Freestanding
 Type of Patient Non-Ventilator Dependent
 Class Median Based Rate Per Rate Year
 2006-07 [Blank]

For freestanding adult subacute facilities only, payment for service includes the Quality Assurance Fee pursuant to Health and Safety Code Section 1324.21.

(2)(A) For each effective rate year, a facility that experienced a reduction in projected facility costs, which would result in a reduced subacute reimbursement rate for the effective rate year pursuant to subsection (a)(1), shall have its subacute prospective reimbursement rate for the effective rate year set at its prior year's rate.

(a)(2)(B) – (d) No change

(e) For purposes of this section, the effective rate year is August 1st through July 31st.

(f)(1) The facility's projected costs for purposes of subsection (a) shall be based on the audit report findings of cost reports with fiscal periods ending January 1 through December 31, three calendar years prior to the effective rate year. In the event that a facility's audit report finding does not include subacute

ancillary costs, the facility's projected ancillary costs will be based on the median of the subacute ancillary costs of facilities that had audited ancillary costs.

(2) If the audit of a cost report as described in subsection (f)(1) is not issued by July 1 of the effective rate year, the Department shall establish the facility's interim costs based on the cost report with a fiscal period ending January 1, three calendar years prior to the effective rate year, through December 31, three calendar years prior to the effective rate year, adjusted by an audit disallowance factor as listed in the chart below:

Type of Licensure	Subacute Care Reimbursement	
Audit Disallowance Factor		
Per Rate Year	2004-05	.95566

Type of Licensure	Subacute Care Reimbursement	
Audit Disallowance Factor		
Per Rate Year	2005-06	.95211

Type of Licensure	Subacute Care Reimbursement	
Audit Disallowance Factor		
Per Rate Year	2006-07	.95211

(3) The Department will use the facility's interim costs as the facility's projected costs for purposes of subsection (a). In addition, facilities that did not provide subacute care services to Medi-Cal patients during the cost report period, facilities that combine subacute and distinct part nursing facility Level B costs, and/or facilities with less than a full year's reported cost shall not be included for purposes of establishing the projected class median costs.

(4) If the facility's interim costs, as specified in subsection (f)(2), are established for a facility when the audit report is issued or when the cost report is deemed true and correct under Welfare and Institutions Code Section 14170(a)(1), the Department shall adjust the facility's reimbursement rate retroactively to August 1 of the effective rate year, to reflect the facility's costs determined pursuant to such an audit, or to reflect the costs in the cost report in the event that the cost report is deemed true and correct.

(5) Interest will accrue from August 1 of the effective rate year, and be payable on any underpayment or overpayment resulting from the application of subsection (f)(4) at a rate equal to the monthly average received on investment in the Surplus Money Investment Fund (as referenced in Welfare and Institutions Code Section 14171) during the month the audit report is issued.

(6) If a provider appeals an audit adjustment pursuant to Welfare and Institutions Code Section 14171, and there is a determination that the audit findings inaccurately reflect the audited facility's projected costs, the provider shall be entitled to seek a retroactive adjustment in its reimbursement rate but the resulting reimbursement rate shall not exceed the prospective rate of reimbursement as provided in subsection (a).

(g) Payment under subsection (a) shall only be made for services authorized pursuant to conditions set forth in Section 51335.5 for patients determined to need subacute care services.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Section 14132.25, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapter 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapter 48, Items 4260-101-0001 and 4260-101-0890.

§ 51511.6. Nursing Facility Services – Pediatric Subacute Care Reimbursement.

(a) The per diem rates of reimbursement for pediatric subacute services as defined in Section 51335.6(a) shall be as follows:

Licensure Hospital Based

Type of Patient

Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2004-05 \$719.71

Licensure Hospital Based

Type of Patient Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2005-06 \$762.95

Licensure

Hospital Based

Type of Patient

Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2006-07 \$785.01

Licensure

Hospital Based

Type of Patient

Non-Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2004-05 \$660.52

Licensure

Hospital Based

Type of Patient

Non-Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2005-06 \$700.10

Licensure

Hospital Based

Type of Patient

Non-Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2006-07 \$720.20

Licensure

Freestanding

Type of Patient

Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2004-05 \$673.08

Licensure

Freestanding

Type of Patient

Ventilator Dependent

Rate of Reimbursement
Effective Rate Year 2005- 06 \$713.10

Licensure
Freestanding
Type of Patient
Ventilator Dependent

Rate of Reimbursement
Effective Rate Year 2006- 07 \$733.52

Licensure
Freestanding
Type of Patient
Non-Ventilator Dependent

Rate of Reimbursement
Effective Rate Year 2004-05 \$613.89

Licensure
Freestanding
Type of Patient
Non-Ventilator Dependent

Rate of Reimbursement
Effective Rate Year 2005-06 \$650.25

Licensure
Freestanding
Type of Patient

Non-Ventilator Dependent

Rate of Reimbursement

Effective Rate Year 2006-07 \$668.71

(b) The per diem rate of reimbursement for supplemental rehabilitation therapy services shall be as described below:

Effective Rate Year 2004-05

Per Diem Rate \$43.13

Effective Rate Year 2005- 06

Per Diem Rate \$46.05

Effective Rate Year 2006-07

Per Diem Rate \$47.46

This rate shall include payment for physical therapy, occupational therapy and speech therapy services provided in accordance with Section 51215.10(i) through (m).

(c) The per diem rate of reimbursement for ventilator weaning services shall be as described below:

Effective Rate Year 2004-05

Per Diem Rate \$40.21

Effective Rate Year 2005-06

Per Diem Rate \$42.94

Effective Rate Year 2006-07

Per Diem Rate \$44.25

This rate shall include respiratory care practitioner and nursing care services provided in accordance with Section 51215.11.

(d) – (f) No Change

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Section 14132.25, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

§ 51535. Leave of Absence.

(a) – (c) No change

(d) Payment to skilled nursing facilities, swing bed facilities, intermediate care facilities, intermediate care facilities for the developmentally disabled, intermediate care facilities for the developmentally disabled-habilitative, and intermediate care facilities for the developmentally disabled-nursing for patients who are on approved leave of absence shall be at the appropriate facility daily rate less the amount specified in the chart below for raw food costs, except for state operated institutions.

Leave of Absence

Effective Rate Year

2004-05 \$5.07

Leave of Absence

Effective Rate Year

2005-06 \$5.18

Leave of Absence

Effective Rate Year

2006-07 \$5.30

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105, 14108, 14108.1, 14108.2 and 14124.5, Welfare and Institutions Code; and Section 1275.3, Health and Safety Code. Reference: Sections 14108, 14108.1, 14108.2, 14109.5 and 14110.1, Welfare and Institutions Code; Section 1275.3, Health and Safety Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

§ 51535.1. Bed Hold for Acute Hospitalization.

(a) - (c) No Change

(d) Payment to skilled nursing facilities, swing bed facilities, intermediate care facilities for the developmentally disabled; intermediate care facilities for the developmentally disabled-habilitative, and intermediate care facilities for the developmentally disabled-nursing for beneficiaries who are on bed hold for acute hospitalization shall be at the appropriate facility daily rate less the amount specified in the chart below for raw food costs, except for state operated institutions.

Effective Rate Year 2004-05	\$5.07
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Bed Hold

Effective Rate Year 2005-06	\$5.18
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Bed Hold

Effective Rate Year 2006-07	\$5.30
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NOTE: Authority cited: Sections 10725, 14105, 14108, 14108.1, 14108.2, 14109.5 and 14124.5, Welfare and Institutions Code; and Sections 20 and 1275.3, Health and Safety Code. Reference: Sections 14087.3, 14105.981, 14108, 14108.1, 14108.2, 14110.1, 14123 and 14132.22, Welfare and Institutions Code; Section 1275.3, Health and Safety Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890.

§ 54501. Adult Day Health Care Services.

(a) No Change

(b) The maximum all-inclusive rate per day of attendance for each approved

Medi-Cal participant shall be the amount specified in the chart below.

All-Inclusive Max. Daily Rate

Effective Rate Year

2004-05 69.58

All-Inclusive Max. Daily Rate

Effective Rate Year

2005-06 73.56

All-Inclusive Max. Daily Rate

Effective Rate Year

2006-07 76.22

(c) – (j) No Change

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105, 14124.5 and 14570, Welfare and Institutions Code. Reference: Section 14571, Welfare and Institutions Code; Statutes of 2004, Chapter 208, Items 4260-101-0001 and 4260-101-0890; Statutes of 2005, Chapters 38, Items 4260-101-0001 and 4260-101-0890; and Statutes of 2006, Chapters 48, Items 4260-101-0001 and 4260-101-0890; and the Settlement Agreement in *California Association for Adult Day Services v. Department of Health Services*, January 12, 1994, San Francisco County Superior Court (Case Number 944047).