

New York State Department of Health
 Bureau of Long Term Care Reimbursement
 04/02/2020 Statewide Pricing Rate Computation Sheet

Opcert: 522030110
 Name: Sullivan County Adult Care Center
 WEF Region: ORANGE
 Peer Group: -300 Beds NF Beds: 146
 Nursing Home Statewide Price Summary Sheet

	Medicaid Rate	Medicaid Rate for Part B Eligible Patients	Medicaid Rate for Part D Eligible Patients	Medicaid Rate for Part B&D Eligible Patients
Nursing Home Price Calculation				
1 Facility Specific Non Comp Price (Schedule 1)	1.47	1.47	1.47	1.47
2 Statewide Direct Price	115.29	113.68	115.29	113.68
3 WEF Adjustment (Schedule 2)	1.0498	1.0498	1.0498	1.0498
4 Facility Case Mix Adjustment (Schedule 4)	0.9146	0.9146	0.9146	0.9146
5 WEF and Case Mix Adjusted Price	110.70	109.15	110.70	109.15
6 Statewide Indirect Price	57.18	57.18	57.18	57.18
7 WEF Adjustment (Schedule 2)	1.0167	1.0167	1.0167	1.0167
8 WEF Adjusted Indirect Price	58.13	58.13	58.13	58.13
9 Total Operating Component	170.30	168.75	170.30	168.75
10 DEM, BMI, TBI Per Diem Add Ons (Schedule 3)	2.83	2.83	2.83	2.83
11 Transition Adjustment				
12 Quality Adjustment (Schedule 5)				
13 Misc. Per Diem Adjustments	2.28	2.26	2.28	2.26
14 Adj Per PHL Section 2808(25)(C)	-0.54	-0.54	-0.54	-0.54
15 Adjustment to Cap Case Mix 5.0%				
16 Total Price	174.87	173.30	174.87	173.30
17 Capital Per Diem	6.95	6.95	6.95	6.95
18 Total Price + Capital Per Diem	181.82	180.25	181.82	180.25

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Non-Comparable Component Calculation
Schedule 1

Non Comparable Component

Total Allowable Costs 82692
Total Patient Days 56162

Non Comparable Per Diem 1.47

Wage Equalization Factor Adjustment
Schedule 2

Direct Wef Calculation

Regional Wef Adjustment 0.9529
50% of Regional Wef 0.476450

Facility Specific Wef Adjustment 1.1467
50% of Facility Specific Wef 0.573350

Final Blended Wef 1.0498

Indirect Wef Calculation

Regional Wef Adjustment 0.9750
50% of Regional Wef 0.487500

Facility Specific Wef Adjustment 1.0583
50% of Facility Specific Wef 0.529150

Final Blended Wef 1.0167

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Dementia, TBI, and BMI Addon Calculations
 Schedule 3

Dementia Add On

Total Dementia Patient Count	23
Rate Add On	8.00
Days in Year	365
Add On Total	67160
Medicaid Days	39152

Per Diem Amount	1.72
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Traumatic Brain Injury Add On

No Reported Data

Bariatric Add On

Total BMI Patient Count	7
Rate Add On	17.00
Days in Year	365
Add On Total	43435
Medicaid Days	39152

Per Diem Amount	1.11
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Current Medicaid Only Case Mix Calculation
 Schedule 4

Current MDS Case Mix Total	63.14
Current MDS Case Mix Patients	76

Facility Specific Case Mix	0.83
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50% Peer Group/50% Statewide Case Mix	0.907504
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Facility Case Mix Adjustment	0.9146
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Quality Adjustment
Schedule 5

Adjustment to Fund Quality Pool	0.00
Quality Pool Award	0.00

Total Quality Adjustment	0.00

Jan 27 2020 8:36AM New York State Department of Health
Office of Health Insurance Programs
Division of Health Care Financing
Bureau of Long Term Care Reimbursement
01/01/2019 Current Facility MDS Summary All Payer

Opcert: 522030110

Name: Sullivan County Adult Care Center

RUG III Category	Case Mix Index	Patient Count	Case Mix Total		RUG III Category	Case Mix Index	Patient Count	Case Mix Total
RUX	2.38			-	SSB	1.06	1.00	1.06
RUL	1.98	1.00	1.98	-	SSA	1.03	1.00	1.03
RVX	1.82			-	CC2	1.12		
RVL	1.61			-	CC1	0.98	3.00	2.94
RHX	1.62			-	CB2	0.91	1.00	0.91
RHL	1.51			-	CB1	0.86	10.00	8.60
RMX	1.96	6.00	11.76	-	CA2	0.84		
RML	1.74	2.00	3.48	-	CA1	0.77	7.00	5.39
RLX	1.34			-	IB2	0.80		
RUC	1.82			-	IB1	0.78	18.00	14.04
RUB	1.53	4.00	6.12	-	IA2	0.65		
RUA	1.37			-	IA1	0.61	3.00	1.83
RVC	1.53	2.00	3.06	-	BB2	0.70		
RVB	1.39	1.00	1.39	-	BB1	0.66		
RVA	1.15			-	BA2	0.55		
RHC	1.40	6.00	8.40	-	BA1	0.47		
RHB	1.27			-	PE2	0.80		
RHA	1.12			-	PE1	0.79	14.00	11.06
RMC	1.27	3.00	3.81	-	PD2	0.73		
RMB	1.22	7.00	8.54	-	PD1	0.72	10.00	7.20
RMA	1.17			-	PC2	0.67		
RLB	1.15			-	PC1	0.66	2.00	1.32
RLA	0.91			-	PB2	0.57		
SE3	1.70	1.00	1.70	-	PB1	0.58	3.00	1.74
SE2	1.37	2.00	2.74	-	PA2	0.48		
SE1	1.15			-	PA1	0.46	7.00	3.22
SSC	1.12			-	BC1	0.46		
Case Mix Total			113.32					
Total Patient Count			115.00					
Case Mix Index			0.9854					

Jan 27 2020 8:36AM New York State Department of Health
Office of Health Insurance Programs
Division of Health Care Financing
Bureau of Long Term Care Reimbursement
01/01/2019 Current Facility MDS Summary Medicaid Only

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Name: Sullivan County Adult Care Center

RUG III Category	Case Mix Index	Patient Count	Case Mix Total	RUG III Category	Case Mix Index	Patient Count	Case Mix Total
RUX	2.38		-	SSB	1.06	1.00	1.06
RUL	1.98		-	SSA	1.03	1.00	1.03
RVX	1.82		-	CC2	1.12		
RVL	1.61		-	CC1	0.98	2.00	1.96
RHX	1.62		-	CB2	0.91	1.00	0.91
RHL	1.51		-	CB1	0.86	8.00	6.88
RMX	1.96	1.00	1.96	CA2	0.84		
RML	1.74		-	CA1	0.77	7.00	5.39
RLX	1.34		-	IB2	0.80		
RUC	1.82		-	IB1	0.78	16.00	12.48
RUB	1.53		-	IA2	0.65		
RUA	1.37		-	IA1	0.61	2.00	1.22
RVC	1.53		-	BB2	0.70		
RVB	1.39		-	BB1	0.66		
RVA	1.15		-	BA2	0.55		
RHC	1.40	1.00	1.40	BA1	0.47		
RHB	1.27		-	PE2	0.80		
RHA	1.12		-	PE1	0.79	13.00	10.27
RMC	1.27	1.00	1.27	PD2	0.73		
RMB	1.22	4.00	4.88	PD1	0.72	6.00	4.32
RMA	1.17		-	PC2	0.67		
RLB	1.15		-	PC1	0.66	1.00	0.66
RLA	0.91		-	PB2	0.57		
SE3	1.70	1.00	1.70	PB1	0.58	2.00	1.16
SE2	1.37	1.00	1.37	PA2	0.48		
SE1	1.15		-	PA1	0.46	7.00	3.22
SSC	1.12		-	BC1	0.46		
Case Mix Total			63.14				
Total Patient Count			76.00				
Case Mix Index			0.8308				

OFFICE OF HEALTH INSURANCE PROGRAMS
 Base Costs and Prices Worksheet
 COST REPORT BASE - Facility Reported - Dec 21 2010 8:35AM

2007 Nursing Home Cost Base

522030110: Sullivan County Adult Care Center
 DCN: 81651350V1

NF Freestanding Facility Non-Comparable Cost Per Diem Computation - By Cost Center

Cost Center	Amount Reported	Adjustments	Amount Allowed	Trend Factor	Amount Allowed Trended	Trace-back %	Final Amount Allowed
17	24,000	0	24,000	1.0000	24,000	1.0000	24,000
31	5,015	0	5,015	1.0000	5,015	1.0000	5,015
34	12,756	0	12,756	1.0000	12,756	1.0000	12,756
37	23,230	0	23,230	1.0000	23,230	1.0000	23,230
242	0	-17,691	17,691	1.0000	17,691	1.0000	17,691
Total Allowed Costs							82,692
Patient Days							56,162
Non-Comparable Per Diem prior to Ipafs							1.47

Cost Center Descriptions

- 17 Medical Director's Office
- 31 Laboratory Services
- 34 Radiology
- 37 Dental
- 242 Constructed Cost Center