

Metric	Components
RUG Grouper	RUG-III Version 5.12b 34 group, index maximizer model
Payment Method	Facility <b>average case mix</b> indices to used to adjust the Direct Health Care costs in the determination of upper payment limits and rate calculation
Frequency	Four times per year.
Snap Shot Date(s)	First day of each calendar quarter Rate Effective Date:      Snap Shot Date:  <ul style="list-style-type: none"> <li>• July 1</li> <li>• October 1</li> <li>• January 1</li> <li>• April 1</li> <li>• April 1</li> <li>• July 1</li> <li>• October 1</li> <li>• January 1</li> </ul>
Based on Daily Weighted Average	Yes or No
Medicaid Audit	Not Known
MDS Selection	<ul style="list-style-type: none"> <li>• <b>Medicaid</b> is known to be a per diem payer source on the <b>first day of the calendar quarter or at any time during the preceding quarter</b></li> <li>• Resident's <b>most current assessment</b> available on the first day of each calendar quarter.</li> <li>• <b>Including those receiving hospice services.</b></li> </ul>
Calculation Method	<b>Three average case mix indices</b> (each month in the quarter to determine quarterly) for each Medicaid nursing facility shall be determined four times per year. Simple average.
Non-Medicaid Averages Utilized in Rate Calculation	The private-pay/other average CMI is the simple average, carried to four decimal places, of all indices for residents where <b>neither Medicaid nor Medicare</b> were known to be the per diem payer source on the first day of the calendar quarter or at any time during the preceding quarter

<b>Default</b>	Resident assessments that cannot be classified will be assigned the lowest CMI for the State (PA1).
<b>Corrections</b>	Not stated
<b>Clinical Add-Ons</b>	Case mix indices for ventilator-dependent residents for whom additional reimbursement has been determined shall be excluded from the average CMI calculations.
<b>Clinical Performance Incentive Add-Ons</b>	<p>Must not have received any survey deficiency of scope and severity level "H" "G" level deficiencies and that correct the "G" level deficiencies within 30 days of the survey receive 50% of the calculated incentive factor.</p> <p>1) CMI adjusted staffing ratio &gt; 75th percentile (4.80) or CMI adjusted staffing &lt; 75th percentile but improved &gt; 10%</p> <p style="text-align: right;">\$2.50</p> <p style="text-align: right;">\$ 0.25</p> <p>2) Staff turnover rate &lt; 75th percentile (29%) or Staff turnover rate &gt; 75th percentile but reduced &gt; 10%</p> <p style="text-align: right;">\$2.50</p> <p style="text-align: right;">\$0.25</p> <p>3) Completion of the full Kansas Culture Change Instrument Survey</p> <p style="text-align: right;">\$0.38</p> <p>4) Medicaid occupancy &gt; 60%</p> <p style="text-align: right;">\$1.13</p>