

## 2. Calculation

Facilities shall report the number of Medicaid patients in the approved innovative area during the cost report used for rate setting. The property incentive of \$10.00 per patient day shall be multiplied times the number of reported nursing facility (NF) Fee for Service Medicaid days in the approved area and then divided by the Total Medicaid NF Fee for Service patient days of the facility. This amount shall be added to all NF Fee For Service Medicaid rates.

### 3.656 Bariatric Equipment Incentive

The cost of acquisitions of bariatric moveable equipment during the base cost reporting period in section 2.750 divided by total patient days shall equal the bariatric equipment acquisitions cost per day. The facility will receive an incentive equal to 50% of the cost of the bariatric equipment acquisitions per day.

In special situations such as short period cost reports or where the same cost report is used for multiple payment periods, the calculation may be adjusted to accurately reflect the incentive payment and not duplicate the incentive.

### 3.657 Pressure Sore Prevention Incentive

Facilities can be reimbursed for the registration costs of employees participating in the one-year Collaborative sponsored by the Wisconsin Pressure Ulcer Coalition designed to prevent pressure sores. The Department will obtain evidence of enrollment and participation from the Coalition. Facilities will be paid \$1000 under this section as a prevention incentive. One payment will be made to all participating facilities.

## 3.700 FINAL RATE DETERMINATION

### 3.710 General

Sections 3.710 through 3.770 describe the process for determining a facility's final payment rate by level of care for direct care services, support services and property taxes. This process shall be followed whenever any payment allowance under Sections 3.100, 3.200, or 3.400 is adjusted or recalculated. Any average amount under this section shall be the average as weighted by the patient days by level of care which were used in calculating the direct care allowance under Section 3.100. The Department shall specify the patient day period.

### 3.720 Base Rate

#### 3.721 Base Rate Described

A facility's base rates shall be the total rates effective for each level of care for services rendered on June 30, 1994, excluding the capital allowance, ancillary add-ons, special allowances for local government-operated facilities and rate adjustments made by the Nursing Home Appeals Board. An average base rate shall be calculated under Section 3.710 for each facility.

#### 3.722 Base Rate Modification

The base rates shall be modified according to the following:

1. **Adjustments.** Base rates shall include any audit adjustments or corrections subsequent to June 30, 1994, that are deemed effective for date-of-service June 30, 1994.
2. **Certification or Licensure Change.** Upon a change in certification or licensure level of the facility, the base rate for any added level of care, for which no base rate exists, shall be the base rate from the next lower level of care.
3. **Newly-Licensed Beds.** A newly-licensed facility which is in its start-up period as of June or July 1994 shall have zero base rates. A facility with significant licensed bed increases which is in its start-up period as of June or July 1994 shall have as its base rates those rates effective at the end of the month prior to the licensure of the new beds.

Such base rates shall be limited for the current rate calculation to a maximum which shall be the facility's average base expense as determined in Section 3.730. If the average base rate is limited by the maximum, base rates for each level of care shall be calculated by multiplying the unlimited base rates for each level of care by a ratio of the maximum divided by the unlimited average base rate.

**Temporary Bed Reductions.** If the June 30, 1994, base rates were retrospectively adjusted for temporary bed reductions due to renovation projects, such rates shall be the base rates for application of this section until completion of the renovation period.

5.940	Medicaid Access Incentive	
5.941	<u>Nursing Facilities</u>	= \$3.69
5.942	<u>ICF/MR Facilities</u>	= \$23.31
5.950	Specialized Psychiatric Rehabilitation Services Specialized Psychiatric Rehabilitation Services	\$9.00 per qualifying resident per day
5960	Pressure Sore Prevention Initiative	\$1,000 per qualifying facility