

Metric	Components				
RUG Grouper	RUG-IV Version 5.20 48 group , index maximizer model				
Payment Method	The Current rate of reimbursement is divided by the case mix score used to calculate the current Nursing Care rate component. This becomes the current Nursing Care rate per case-mix point. The current Nursing Care rate per case-mix point is multiplied by the new average case mix score. This product is the new Nursing Care rate component or rate adjustment. The average Case Mix score is used to calculate the rate. The Department of Disabilities, Aging and Independent Living Division of Licensing and Protection computes each facilities case mix score. The Nursing Care rate component is divided by the average case mix score used to determine the current Nursing Care rate component. Not a simple average.				
Frequency	Four times per year.				
Snap Shot Date(s)	<table border="0"> <tr> <td>Rate Effective Date:</td> <td>Snap Shot Date:</td> </tr> <tr> <td> <ul style="list-style-type: none"> • January 1 • April 1 • July 1 • October 1 </td> <td> <ul style="list-style-type: none"> October 1 through December 31 January 1 through March 31 April 1 through June 30 July 1 through September 30 </td> </tr> </table>	Rate Effective Date:	Snap Shot Date:	<ul style="list-style-type: none"> • January 1 • April 1 • July 1 • October 1 	<ul style="list-style-type: none"> October 1 through December 31 January 1 through March 31 April 1 through June 30 July 1 through September 30
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Based on Daily Weighted Average	Partially. The per diem rate consists of the following rate components: <ul style="list-style-type: none"> • Nursing Care • Resident Care • Indirect • Director of Nursing • Property and Related • Ancillaries • Adjustments (if any) The Average Case Mix score is used in the quarterly determination of the Nursing Care portion of the rate.				
Medicaid Audit	Annually (During Survey)				
MDS Selection	Residents need to be in the building as of the 15 th on the third month of each quarter to be considered in the Case Mix scoring.				
Calculation Method	Method uses base rate, Nursing Care rate component and the average case mix score.				
Default	Not used.				

State of Vermont
Case Mix #4
Medicaid
RUG-IV 48-Grouper
Effective

Corrections	Not stated.
Clinical Add-Ons	<p>Special rates for:</p> <ul style="list-style-type: none"> • Former patients of the Vermont State Hospital transferred directly from the hospital. • Eligible Furlougees of the Department of Corrections. <p>Special rates for individuals with Unique Physical Conditions in rare and exceptional circumstances.</p>
Clinical Performance Incentive Add-Ons	<p>Quality incentives from a pool of \$25,000 times the number of facilities meeting the criteria up to a maximum of 5 facilities.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Most recent health survey with a score of 5 or less, no deficiency with a scope and severity greater than a “D” level with no more than 2 “D” level deficiencies in the general categories of Quality of Care, Quality of Life or Resident Rights. • No substantiated complaints since the most recent survey and prior full health survey related to Quality of Care, Quality of Life or Resident’s Rights. • Participation in Advancing Excellence in America’s Nursing Homes campaign. • Resident satisfaction survey results above the statewide average. • Fire Safety deficiency score of 5 or less with scope and severity less than “E” in the most recent full survey. • Efficiency rankings to be based on the allowable costs per day from each facility’s most recently settled cost report. Cost per day will be calculated using actual resident days for the same fiscal period.