

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Kristi Walker

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

The Medicaid Nursing Facility Rate Relief Program is being discontinued effective January 1, 2025.

Reason for policy (problem being addressed):

This policy is being implemented in response to recent audit findings by the Office of the Auditor General.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

No.

Does policy have operational implications on other departments?

No

Summary of input:

controversial Those interested in participating in the Rate Relief Program may be unhappy with the program's discontinuation.

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date: 8/21/24
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2431-NF	Date: September 11, 2024

Comments Due: October 16, 2024
Proposed Effective Date: January 1, 2025
Direct Comments To: Kristi Walker
Address:
E-Mail Address: WalkerK32@michigan.gov
Phone:

Fax:

<p>Policy Subject: Discontinuation of the Rate Relief Program</p> <p>Affected Programs: Medicaid</p> <p>Distribution: Nursing Facilities</p> <p>Summary: The Medicaid Nursing Facility Rate Relief Program is being discontinued effective January 1, 2025.</p> <p>Purpose: This policy is being implemented in response to recent audit findings by the Office of the Auditor General.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues: Those interested in participating in the Rate Relief Program may be unhappy with the program's discontinuation.</p>
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State Plan Amendment Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date: 8/21/2024
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Tribal Notification: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - Date: September 11, 2024

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Nursing Facilities

Issued: December 1, 2024 (Proposed)

Subject: Discontinuation of the Rate Relief Program

Effective: January 1, 2025 (Proposed)

Programs Affected: Medicaid

NOTE: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services.

The purpose of this bulletin is to inform nursing facilities that the Rate Relief Program will be discontinued.

This change is being made in response to recent audit findings by the Office of the Auditor General. To comply with their recommendation to simplify the Michigan Medicaid Long-Term Care Reimbursement Methodology and make changes to make it less complicated, less labor intensive and more efficient, the Rate Relief Program will be discontinued effective January 1, 2025.

Any nursing facility currently receiving any type of rate relief will continue at their current variable rate base through December 31, 2024. Effective January 1, 2025, all nursing facilities will return to the standard reimbursement methodology.