



**Department  
of Health**

# **2023 Medicaid Residential Health Care Facility Capital Reimbursement Webinar**

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# Agenda

- Attestation Process Overview
- Attestation Workbook
- Capital Rate Sources Tab
- Capital Rate Change Request Tab
- Capital Financing Tabs
  1. Change Request Tab
  2. Financing Database
  3. Shared Savings Request
- Capital Attestation

# Attestation Process Overview

- **Requires all facilities to attest;**
- Provides capital rate reimbursement guidelines;
- Allows for an easy method of requesting necessary corrections;
- Provides guidance on reimbursement of new or refinanced capital financings;
- Allows providers to review current reimbursed financings for their facility;
- Provides the Department with information to facilitate a timely review of requested financings;  
and
- Ensures that financing information is correct and up to date.

# Attestation Workbook

- The Attestation Workbook is a source of information for understanding nursing home capital reimbursement and contains various forms to assist in requesting changes.
- After review of the Capital Rate Sources and Financing Guidelines, the facility is required to submit a signed copy of the Attestation.
- The Attestation is a separate document from the Attestation Workbook.
- If the facility is attesting to no changes for the rate year capital, only the Attestation is necessary.
- Please do not change any of the forms on the Workbook. Forms that have been altered will be rejected.

## Attestation Documents

- Attestation Workbook - Contains six separate tabs with reference materials and forms required to request capital changes
- Capital Rate Sources (Tab 1) - Contains reimbursement guidance and data sources
- Capital Rate Change Request (Tab 2) - This form is necessary to request changes to the capital rate schedule
- Capital Financing (Tabs 3-5) - Contains financing reimbursement guidance, current financing data and a form to request changes to the financing database
- Shared Savings (Tab 6) - This form is necessary to request shared savings reimbursement

## Capital Rate Sources – Tab #1

- The Capital Rate Sources tab provides capital reimbursement guidance for nursing facilities, specialty units, and associated adult day health care programs.
- The Sources Chart crosswalks the rate sheet calculations and the data derived from the associated cost report and mortgage database.
- Differences in allowable reimbursement for Not-For-Profit, Governmental, and Proprietary facilities are also outlined.

## Capital Rate Change Request – Tab #2 (Part 1)

- The Capital Rate Change Request tab is only necessary for requesting changes to the Capital Preview Rates.
- Most changes require a cost report resubmission (RHCF-4), due to reporting errors. The revised DCN should be indicated on the form.
- Please put “Yes” in the appropriate box(s) to indicate the necessary change(s):
  1. Expense Type Various - For changes relating to a resubmitted cost report; indicate the revised DCN, no further documentation is necessary.
  2. Expense Type Financing - For changes relating to new or refinanced financing arrangements; further guidance for requesting changes is found on the Financing Tabs #3-5.

## Capital Rate Change Request – Tab #2 (Part 2)

3. Expense Type Depreciation - For changes relating to prior owner assets for Not-For-Profit facilities only.
  - Attach a depreciation schedule of the related assets.
  - All other depreciation changes require cost report resubmission.
4. Expense Type Return Of Equity - For Proprietary facilities that received a capital per diem carryover in the prior year and need to have their Return of Equity calculation reset. This does not apply to facilities that are beyond their useful life.
5. Expense Type Capital Per Diem - For facilities that submitted a Part-1 Only cost report due to a change in ownership during the rate year's base, a carryover of the prior year's capital per diem is necessary until the new owner's base year report is submitted.



## Capital Rate Change Request - Tab #2 (Part 3)

6. Expense Type Depreciation - For Not-For-Profit facilities that have submitted their interim or final project costs. Please also submit a copy of the approved costs.
7. Expense Type Return Of Equity - For Proprietary facilities that have submitted their interim or final project costs. Please also submit a copy of the approved costs.
8. Expense Type Hospital Allocated Capital - For facilities that have been approved to receive Hospital Allocated Capital and have completed the RHCF-IV, Schedule 8F.
9. Expense Type Organization Expense – For expenses reported on the RHCF-IV, Schedule 11, and incurred during the start up period of a facility or unit.
10. Expense Type Working Capital Interest – For expenses reported on the RHCF-IV, Schedule 8D, and related to qualifying short-term credit for working capital purposes. To determine the threshold for your facility, please fill out the chart at the bottom of the Capital Rate Change Request Tab.

## Capital Financing – Tabs #3 & 4

- The Capital Financing Tabs include Financing Guidelines, Financing Database, and Financing Change Requests tabs.
- Financing Guidelines Tab
  - Assists facilities in reviewing and attesting to their appropriate Medicaid capital reimbursement.
  - Differences in allowable reimbursement for Not-For-Profit, Governmental and Proprietary facilities are also outlined.
- Financing Database Tab
  - Refinancing is considered for reimbursement when savings are generated over the life of the financing.
  - Each facility should review for current reimbursement information.



# Capital Financing & Shared Savings - Tabs #5 & 6

- Financing Change Requests Tab
  - Fill out for new financing arrangements that meet the eligibility guidelines.
  - Includes an example and directions for utilizing the information in the Financing Database Tab.
  - Fill out for refinancing that does not meet the eligibility guidelines, which will indicate that the Financing Database Tab should be updated.
- Shared Savings Request Tab
  - Fill out for all eligible financing arrangements.
  - For those facilities requesting Shared Savings, please enter Yes in the Financing box on the Financing Change Requests Tab.

## Next Steps

- Please email questions related to this webinar to: [NFRATES@health.ny.gov](mailto:NFRATES@health.ny.gov) with “Capital Attestation Webinar Question” in the subject line.
- FAQ’s and a copy of the webinar will be posted on the Health Commerce System (HCS) and on the Department’s website on the [Nursing Home Rates webpage](https://www.health.ny.gov/facilities/long_term_care/reimbursement/nhr/) ([https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/nhr/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/nhr/)).
- Capital Attestations should be emailed to [NFRATES@health.ny.gov](mailto:NFRATES@health.ny.gov) with “2023 Capital Attestation” in the subject line.
- 2023 Capital Attestations are due COB Wednesday, November 30, 2022.