



Oregon

Kate Brown, Governor

**Department of Human Services**

*Licensing and Regulatory Oversight*

PO Box 14530, Salem, OR 97309

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**Information Memorandum**

Nursing Facility Providers

Date: July 1, 2016  
From: APD Medicaid Long Term Care Systems  
Subject: 2016 Nursing Facility Financial Statement

Summary: Information regarding 2016 Nursing Facility Financial Statement, Medicaid Reimbursement Rate Change, & Maximum Allowable Compensation of Administrator and Assistant Administrator.

Dear Interested Nursing Facility Staff,

I have attached three letters of interest for you.

1. Several facilities still request an official letter from APD with rate changes effective July 1<sup>st</sup>. That letter is attached.
2. A letter reminding facilities of their responsibility to file a Nursing Facility Financial Statement (NFFS – cost report) or Revenue Statement by October 31, 2016. It also includes the link to the updated Nursing Facility Financial Statement. Please note: NO EXTENSIONS to filing the NFFS will be granted.
3. A letter informing facilities of the maximum allowable Administrator salary amount that may be claimed on the Nursing Facility Financial Statement.

Please feel free to contact me with any questions pertaining to this information.

Sincerely,  
Cindy Susee

Contact: Cindy Susee, Nursing Facility Reimbursement Policy Analyst

Telephone: 503.945.6448

Email: [Cynthia.susee@dhsosha.state.or.us](mailto:Cynthia.susee@dhsosha.state.or.us)

Fax: 503.945.4245

For general information contact the DHS Office of Licensing and Regulatory Oversight or visit the DHS Web site at [www.oregon.gov/DHS/](http://www.oregon.gov/DHS/)

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# Oregon

Kate Brown, Governor

## Department of Human Services AGING AND PEOPLE WITH DISABILITIES

500 Summer Street NE, E10  
Salem, OR 97301-1074  
(503) 945-6448  
FAX (503) 947-4245



June 27, 2016

To: Nursing Facility Administrators

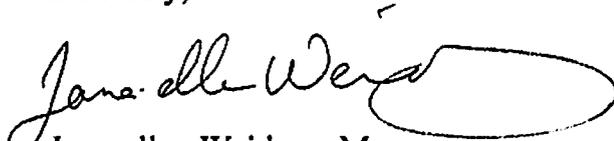
Subject: Maximum Allowable Compensation of Administrator and Assistant Administrator, Effective January 1, 2016

The maximum allowable administrator and assistant administrator compensation has been calculated as per the provisions of Aging and People with Disabilities Administrative Rule 411-70-0315. Effective January 1, 2016, through December 31, 2016, the monthly maximum amounts are as follows:

<u>Facility Size</u>	<u>Administrator</u>	<u>Asst. Administrator</u>
1 - 49 Beds	\$ 7,464	Non-allowable
50 - 79 Bed	\$ 9,878	Non-allowable
80 - 99 Beds	\$ 8,810	\$ 6,607
100+ Beds	\$ 9,539	\$ 7,154

Please direct any questions you may have on the above amounts to Cindy Susee of the Medicaid Long Term Care Systems Unit at (503) 945-6448.

Sincerely,



Jane-ellen Weidanz, Manager



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June 27, 2016

To: All Oregon Nursing Facilities  
From: Department of Human Services, Aging and People with Disabilities  
Re: Medicaid Reimbursement Rate Change

This is to inform you of a change to the daily Medicaid reimbursement rates for nursing facility services effective July 1, 2016. The rate changes are in accordance with Oregon Administrative Rules 411-070-0442 and 411-070-0452 for nursing facility per diem rate setting. The daily Medicaid reimbursement rates for service dates beginning July 1, 2016 are as follows:

Basic Rate	\$281.08
Complex Medical Needs Rate	\$393.52
Pediatric Rate	\$540.98

Please contact Cindy Susee at 503-945-6448, or [cynthia.susee@state.or.us](mailto:cynthia.susee@state.or.us) if you have questions regarding these rates.

Sincerely,

Jane-ellen Weidanz, Manager

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An Equal Opportunity Employer



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June 27, 2016



**To:** All Oregon Nursing Facilities  
**From:** Department of Human Services, Aging and People with Disabilities  
**Re:** Medicaid Nursing Facility Financial Statements (NFFS)

The purpose of this letter is to remind all Nursing Facilities of their reporting requirements for the fiscal year ending June 30, 2016. All Medicaid-contracted nursing facilities with at least 1,000 Medicaid bed days must complete, as appropriate:

- DHS 0035, Nursing Facility Financial Statement – Nursing Facilities;
- DHS 0035A, Nursing Facility Financial Statement – Hospitals.

Non-Medicaid contracted facilities or facilities with fewer than 1,000 Medicaid resident days during a twelve-month reporting period must complete:

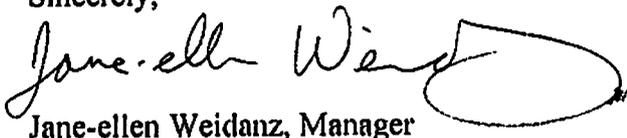
- Revenue Statement – Non-contracted Nursing Facilities

All forms have been updated and are available on the Aging and People with Disabilities website. Please use the form on the web for the most recent version. **Older versions will not be accepted.** These forms can be downloaded from the following link: <http://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/NFLU/Pages/provider-forms.aspx>.

All reports are due by **October 31, 2106**, and must be postmarked on or before the due date to be considered timely and not assess a penalty (OAR 411-070-0300 2(b)). **Please note: Extensions will not be granted.**

Please reference Oregon Administrative Rules 411-070-0000 through 411-070-0470 as you prepare your NFFS. You can also contact Cindy Susee at [cynthia.susee@state.or.us](mailto:cynthia.susee@state.or.us) or 503-945-6448 if you have questions.

Sincerely,

  
Jane-ellen Weidanz, Manager

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