SFY2021 Rate Increase
Instructions for Attestation and Wage Schedule

The recently enacted Fiscal Year 2021 Appropriations Act and companion long-term care legislation included a ten percent increase to the per diem Medicaid reimbursement rates provided to nursing facilities across New Jersey for the revised state fiscal year of October 1, 2020, through June 30, 2021. Nursing Facilities receiving this additional funding are required to provide a report to the Division that shows the increased rates were used to for certified nurse aide compensation and COVID-19 preparedness and response.

These instructions are for completion of the Excel file that contains the attestations, summary calculations, and supporting wage schedules. Facilities are required to submit the first baseline Attestation and Wage Schedule for pre-increase wages as of October 1, 2020, by November 30, 2020. The second Attestation and Wage Schedule, for the period from October 1, 2020 through June 30, 2021, must be submitted by August 13, 2021.

Recoupment: These instructions were initially issued on November 6, 2020. New information on the recoupment calculation for the staff compensation and COVID-19 response components has been added to the end of this document. However, the initial instructions, deadlines and required documents remain the same.

Nursing facilities should review the recoupment information but do not need to take any additional action. The data required for calculation of the COVID-19 response component will be provided to the Division by the Department of Health.

As noted above, the SFY2021 Medicaid nursing facility rates were increased by ten percent, which will result in about $130 million in additional payments to facilities. This new funding was provided to fund two requirements:

1) At least 60% of the additional revenue made available to a facility through P.L.2020, c.90 shall be used to increase wages or supplemental pay for direct care staff.

2) Up to 40% of the additional revenue made available to a facility through P.L.2020, c.90 shall be used to support costs incurred to meet Department of Health COVID-19 preparedness and response requirements.
Baseline Instructions: Completing the Base Wage Schedule

1. On the “Attest Baseline” sheet, complete the following informational fields:
   a. C1: Nursing Facility Name
   b. C2: Federal Tax ID used for MMIS billing
   c. C3: Medicaid NF Provider #
   d. C4-C5: Reporting Officer’s Name and Title
   e. C6-C7: Reporting Officer’s Phone # and Email Address

2. The Certified Nurse Aide (CNA) figures in Rows 14-18 will be automatically calculated from the employee data entered in the “CNA Wage Base” sheet.

3. **Wage Schedule:** On the “CNA Wage Base” sheet, fill in each row:
   a. Employee ID: Each CNA on the payroll as of October 1, 2020, should be individually entered in a row. List each employee only once.
   b. Type: Select from the drop down menu (Full Time, Part Time, Per Diem, Other)
   c. Hourly Wage

4. **Portal Upload:** Please upload the completed baseline Attestation and Wage Schedule for pre-increase wages as of October 1, 2020, by November 30, 2020, using the portal at: [http://njdoas-ua.force.com/NF](http://njdoas-ua.force.com/NF). Please see instructions at the end of this document.
Final Instructions: Completing the Final Wage Schedule and four additional fields.

1. On the “Attest Final” sheet, update the informational fields, C1-C7, if they have changed from the “Base Attest” sheet (fields will prepopulate).

2. Additional Funding Calculation: In C14, enter the 10% daily rate increase amount from the Annual Rate Notification letter mailed in October 2020. In the letter, this amount was labeled: “10% Increase per P.L.2020, c.90.”

3. In C16, enter the Medicaid days billed from October 1, 2020 through June 30, 2021.

4. Cells C17-18 will automatically calculate the additional funding and the 60% minimum that must be applied to CNA wages and supplemental pay.

5. Total Expenditure Reporting for October 1, 2020 through June 30, 2021
   a. In C21, enter the total additional amount expended for CNA wages.
   b. The bonus/supplemental pay total in C22 will automatically calculate from the “CNA Wage Final” sheet. In C23, enter the total additional amount expended for CNA bonus/supplemental pay for individuals that are not listed on the wage schedule (e.g., aggregate bonuses paid to individuals that are no longer employed as of the reporting date).
   c. If the automatically calculated “Total CNA payments” in C24 is less than the minimum calculated in C18, the shortfall will be displayed in C25. Review this number only after completing the Wage Schedule (see instructions below).

6. The CNA figures in Rows 29-33 will be automatically calculated from the employee data entered in the “CNA Wage Base” sheet.

7. The CNA figures in Rows 37-42 will be automatically calculated from the employee data entered in the “CNA Wage Final” sheet.

8. Wage Schedule: On the “CNA Wage Final” sheet, fill in each row:
   a. Employee ID: Each CNA on the payroll as of June 30, 2021, should be individually entered in a row. List each employee only once.
   b. Type: Select from the drop down menu (Full Time, Part Time, Per Diem, Other)
   c. Hourly Wage
   d. Bonus or Supplemental Pay amount

Reporting Portal Instructions

**Instructions for Nursing Facility Reporting Portal**

- Before beginning the upload process, you will need:
  - (a) Nursing Facility Name,
  - (b) Medicaid NF Provider #, and
  - (c) the completed Attestation and Wage Schedule Excel file.

- To login, enter your Medicaid NF Provider # exactly as it appears on the Rate Notification Letter. If the code is correct, you will be able to see the Nursing Facility name associated with the code and will be able to proceed.

- Enter your First Name, Last Name, Phone, Email and Notes on the form.

- To upload the document, you will need the completed Attestation and Wage Schedule Excel file on your device. The format is shown in the embedded template below. Please click on below link to download the file.

![XLS](https://example.com/attestation_wage_schedule.xlsx)

- For upload process, click the “Upload File” button. Locate the document on your device and select it. Then click the “Done” button. You will see the name of your document under “File Name” once attached successfully. If you need to delete the document, click the trash icon to delete. You will need to re-attach it.

- Click on “Submit” button to submit the application.

- The portal will retain a record of your submission that you can view by entering your information. However, you will not be able to view or download the file once it is uploaded. Please keep a copy of the Attestation and Wage Schedule for your records.
Recoupment of Funds

This update provides additional information on when funding is subject to full or partial recoupment. Subject to claims volume, sanctions will be in the form of a lump sum recovery against future Medicaid fee-for-service payments. If the full value is not projected to be recovered within three months of Nursing Facility notification, the Division of Medical Assistance and Health Services will initiate a collections process.

1. At least 60% of the additional revenue made available to a facility through P.L.2020, c.90 shall be used to increase wages or supplemental pay for direct care staff.
   a. The entire amount of this component will be recouped if a Nursing Facility does not submit the final Attestation and Wage schedule by August 13, 2021.
   b. A partial amount of this component will be recouped if a Nursing Facility attests to expending less than 60% of its additional revenue on wages and supplemental pay. This is a calculated field in the “Attest Final” sheet of the Nursing Facility’s final Attestation and Wage schedule (cell C25).

2. Up to 40% of the additional revenue made available to a facility through P.L.2020, c.90 shall be used to support costs incurred to meet Department of Health (DOH) COVID-19 preparedness and response requirements.
   a. There are five legislative requirements linked to recoupment. Failure to meet a requirement will result in a percent recoupment based on the table below.
   b. The amount subject to recoupment is calculated as portion of the 40% of the additional revenue linked to infection control requirements.

<table>
<thead>
<tr>
<th>Department of Health Requirements per P.L.2020, c.90</th>
<th>Amount of 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation: Outbreak response plan</td>
<td>5%</td>
</tr>
<tr>
<td>Attestation: PPE</td>
<td>5%</td>
</tr>
<tr>
<td>Attestation: Data Reporting</td>
<td>5%</td>
</tr>
<tr>
<td>Attestation: Respiratory Protection</td>
<td>5%</td>
</tr>
<tr>
<td>Repeat infection control violations</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40%</strong></td>
</tr>
</tbody>
</table>
c. Example calculations for $100 of additional revenue, which means that at least $60 must be spent on wages and supplemental pay.

i. Of the $100 received, a facility expends $40 on pay and DOH reports repeat infection control violations.
   1. Pay recoupment is $20 because the minimum is not met ($60 – $40).
   2. Infection control recoupment is $20, based on the following:
      a. Infection control recoupment is limited to $40, the maximum 40% that should be used for non-pay expenses.
      b. Repeat infection control violation results in 50% recoupment of non-pay revenue.
      c. The calculation is $40 * 50% = $20.
   3. Total recoupment is $40.

ii. Of the $100 received, a facility expends $60 on wages and DOH reports repeat infection control violations.
   1. Pay recoupment is $0 because the minimum is met.
   2. Infection control recoupment is $20, based on the following:
      a. Infection control recoupment is limited to $40, the maximum 40% that should be used for non-pay expenses.
      b. Repeat infection control violation results in 50% recoupment of non-pay revenue.
      c. The calculation is $40 * 50% = $20.
   3. Total recoupment is $20.

iii. Of the $100 received, a facility expends $80 on wages and DOH reports repeat infection control violations.
   1. Pay recoupment is $0 because the minimum is met.
   2. Infection control recoupment is $20, based on the following:
      a. Infection control recoupment is limited to $40, the maximum 40% that should be used for non-pay expenses.
      b. Repeat infection control violation results in 50% recoupment of non-pay revenue.
      c. The calculation is $40 * 50% = $20.
   3. Total recoupment is $20.