

Bulletin Number: MSA 13-14

Distribution: Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, and Ventilator Dependent Care Units

Issued: May 1, 2013

Subject: Nursing Facility Plant Cost Certification Submission Requirements

Effective: June 1, 2013

Programs Affected: Medicaid

This bulletin clarifies the supporting documentation that must be submitted for nursing facility (NF) plant cost certification. The complete policy on plant cost certification can be reviewed in the Plant Cost Certification Section of the Nursing Facility Cost Reporting and Reimbursement Appendix in the Medicaid Provider Manual. The Medicaid Provider Manual can be found on the MDCH website at www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

The submission requirements are dependent on the type of change to the physical plant of a NF. If Certificate of Need (CON) approval is needed for a physical plant change, the provider must submit their CON approval letter with their plant cost certification request. The submission requirements are outlined below.

Supporting documentation must include the following items for a transfer of ownership of a license, acquisition, or lease that requires CON approval:

- CON Approval Letter
- Purchase Agreement
- Mortgage and Loan Agreements
- At least 36 months of Interest Amortization Schedules for Financing prepared by the lender
- Property Tax Statements
- Capital Asset Cost Appraisal
- Purchase Closing Statement or Recording

Supporting documentation must include the following items, where applicable, for a renovation, addition, or new construction:

- CON Approval Letter (if CON approval is required)
- Licensed Bed Notice issued by the State Survey Agency
- At least 36 months of Interest Amortization Schedules for Financing prepared by the lender
- Property Tax Statements
- Construction Contract Statement or Summary

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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