

Florida Fair Rental Value Survey

TO: Florida Skilled Nursing Facilities

Florida Nursing Home: Fair Rental Value Survey

The Agency for Health Care Administration (AHCA) is working to gather data related to Fair Rental Value (FRV).

Completion of this survey is extremely important because the data you provide will be used to update the FRVS in the prospective payment rate calculation.

Due Date – April 30th for the subsequent rate semester.

This data is needed no later than April 30, 2022 for the October 1, 2022 rate setting.

Errors: If you find that you made errors in your online submission, please contact AHCA for further assistance at (NH.Reimbursement@AHCA.MyFlorida.com).

Helpful Resources for Locating Data on Your Facility:

Contact the Agency for Health Care Administration for old cost reports that will contain data from previous years' construction and renovation costs. For assistance, please contact NH.Reimbursement@AHCA.MyFlorida.com.

Contact the Property Appraiser's Office in your county for historical information about past building projects for your facility. Click [here](#) for links to each county Property Appraiser's Office.

Review Florida Fair Rental Value Survey FAQs, available by clicking [here](#).

TIPS:

- Download and print the Fair Rental Value Survey FAQs.
- Download and print the PDF version of this online survey and use it as a worksheet.
- With a completed worksheet in hand, you'll be able to complete the online form in one sitting.
- After pressing "DONE" at the end of the survey, you cannot go back and edit your response.
- Use whole numbers only - no symbols and enter 0 (zero) in any field for which you have no data.
- Report each project (bed addition, bed replacement or renovation/major improvement) in chronological order, beginning with initial construction of the building.

Questions about completing the FRVS survey online? Errors to correct?

Please contact NH.Reimbursement@AHCA.MyFlorida.com.

Provider Overview

*** 1. PROVIDER INFORMATION**

1.a. Nursing Facility

Name (as it appears on
license)

1.b. Parent Company

Name

1.c. Facility's Physical

Address

1.d. City/Town

1.e. State

1.f. ZIP/Postal Code

1.g. Medicaid Provider #

1.h. Medicare Provider #

*** 2. Year of Initial Construction & Number of Licensed Beds**

2.a Year of Initial Construction (Date Format: YYYY)

2.b Total # of Licensed Nursing Facility Beds in Year of Initial Construction

*** 3. CURRENT BED & GROSS SQUARE FOOTAGE DATA (Report data as of the date this survey is completed.) Non-Nursing Facility services relate to other services that your facility may provide that are not typical nursing facility services, including assisted living and residential care. The gross square footage area that is used for providing non-nursing services, such as apartments, should be reported separately below. Gross square footage includes common areas, buildings core, and other areas of the building used for maintenance and operations and is calculated from the outside of the exterior walls.**

3.a. Total # of Licensed Nursing Facility Beds

3.b. Total # of Non-Nursing Facility Beds (Assisted living, residential)

3.c. Total Gross Square Footage Applicable to the Nursing Facility

3.d. Total Gross Square Footage Applicable to Non-Nursing Facility Services

3.e. Total Gross Square Footage

Data on the Construction of Additional New Beds, Replacement Beds, & Renovations/Major Improvements

INSTRUCTIONS:

The remainder of this survey pertains to projects involving the construction of additional new beds, replacement beds, and renovations and major improvements to the facility. When completing the following section, include data from initial construction to present. However, please do not include the initial cost of construction as a separate project. This does not mean from the time the current owner purchased the facility to present, but from when the building was first constructed to present. This could involve reviewing prior owner's records or, in the case of a lease, obtaining information from the lessor. The project year would reflect the year the project was completed and capitalized on the depreciation schedule.

Notes:

1. The building addition, replacement or renovation/major improvement cost reported must track to the fixed asset schedule. If a lease situation, and the asset is recorded on the lessor's fixed asset schedule, the lessor must provide documentation reflecting the addition, replacement or renovation on that schedule.
2. Please report each project in chronological date order from initial construction to present. A project will either be a bed addition, bed replacement, or renovation/major improvement.

Definitions:

- **A bed addition** involves a project resulting in the addition of licensed beds to the nursing facility.
- **A replacement of beds** occurs when new construction is completed, however, instead of increasing the number of licensed beds of the facility, a portion of the existing licensed beds are relocated to the new construction.
- **A renovation/major improvement** includes those items capitalized as either building, building improvement, land improvements, equipment, and leasehold improvements that are not associated with the addition or replacement of beds. Renovation/major improvement projects have a total cost equal to or greater than \$500 per licensed bed at the time the project was completed. If a renovation/major improvement project involved construction activities in both the licensed nursing facility and the non-nursing sections of the facility, only those construction costs associated with the licensed nursing facility section of the facility should be included. Documentation must be maintained to demonstrate how construction costs were allocated between NF and non-NF.

*** 4. Project 1**

4.a. Project Year (Date format: YYYY)

4.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

4.c. If a bed addition or replacement, enter the number of beds added or replaced.

4.d. Cost of the project (numbers only - no symbols).

*** 5. Project 2**

5.a. Project Year (Date format: YYYY)

5.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

5.c. If a bed addition or replacement, enter the number of beds added or replaced.

5.d. Cost of the project (numbers only - no symbols).

*** 6. Project 3**

6.a. Project Year (Date format: YYYY)

6.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

6.c. If a bed addition or replacement, enter the number of beds added or replaced.

6.d. Cost of the project (numbers only - no symbols).

*** 7. Project 4**

7.a. Project Year (Date format: YYYY)

7.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

7.c. If a bed addition or replacement, enter the number of beds added or replaced.

7.d. Cost of the project (numbers only - no symbols).

*** 8. Project 5**

8.a. Project Year (Date format: YYYY)

8.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

8.c. If a bed addition or replacement, enter the number of beds added or replaced.

8.d. Cost of the project (numbers only - no symbols).

*** 9. Project 6**

9.a. Project Year (Date format: YYYY)

9.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

9.c. If a bed addition or replacement, enter the number of beds added or replaced.

9.d. Cost of the project (numbers only - no symbols).

*** 10. Project 7**

10.a. Project Year (Date format: YYYY)

10.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

10.c. If a bed addition or replacement, enter the number of beds added or replaced.

10.d. Cost of the project (numbers only - no symbols).

*** 11. Project 8**

11.a. Project Year (Date format: YYYY)

11.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

11.c. If a bed addition or replacement, enter the number of beds added or replaced.

11.d. Cost of the project (numbers only - no symbols).

*** 12. Project 9**

12.a. Project Year (Date format: YYYY)

12.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

12.c. If a bed addition or replacement, enter the number of beds added or replaced.

12.d. Cost of the project (numbers only - no symbols).

*** 13. Project 10**

13.a. Project Year (Date format: YYYY)

13.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

13.c. If a bed addition or replacement, enter the number of beds added or replaced.

13.d. Cost of the project (numbers only - no symbols).

*** 14. Project 11**

14.a. Project Year (Date format: YYYY)

14.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

14.c. If a bed addition or replacement, enter the number of beds added or replaced.

14.d. Cost of the project (numbers only - no symbols).

*** 15. Project 12**

15.a. Project Year (Date format: YYYY)

15.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

15.c. If a bed addition or replacement, enter the number of beds added or replaced.

15.d. Cost of the project (numbers only - no symbols).

*** 16. Project 13**

16.a. Project Year (Date format: YYYY)

16.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

16.c. If a bed addition or replacement, enter the number of beds added or replaced.

16.d. Cost of the project (numbers only - no symbols).

*** 17. Project 14**

17.a. Project Year (Date format: YYYY)

17.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

17.c. If a bed addition or replacement, enter the number of beds added or replaced.

17.d. Cost of the project (numbers only - no symbols).

*** 18. Project 15**

18.a. Project Year (Date format: YYYY)

18.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

18.c. If a bed addition or replacement, enter the number of beds added or replaced.

18.d. Cost of the project (numbers only - no symbols).

*** 19. Project 16**

19.a. Project Year (Date format: YYYY)

19.b. Project Type - enter the corresponding number, 1/2/3:

"1" = Bed addition

"2" = Bed replacement

"3" = Renovation/major improvement

19.c. If a bed addition or replacement, enter the number of beds added or replaced.

19.d. Cost of the project (numbers only - no symbols).

Please tell us about your ability to access data needed to complete this survey.

*** 20. Were you able to retrieve data on this facility since the year of construction?**

*** 21. If no, how many years back were you able to retrieve data on this facility (do not count 2017).**

*** 22. If unable to retrieve data back to the year of construction, please describe any barriers you faced in providing the data requested in this survey.**

Contact Information for the Person Completing This Survey

*** 23. Contact Information for the Person Completing This Survey:**

23.a. Contact Name

23.b. Title

23.c. Facility / Company

23.d. Address

23.e. City/Town

23.f. State

23.g. ZIP/Postal Code

23.h. Email Address

23.i. Cell Phone Number

(format: 000-000-0000)

23.j. Date Completed

(format: MM/DD/YYYY)

