

MEMORANDUM

Date: October 13, 2020

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: Z Zainab Day,Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Chatham Glen Healthcare & Rehabilitation Center	1 065544-00	New Facility	3
			TOTAL:	3

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com. ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
106554400	20200604	254.42	0.00	254.42	254.42	88486-20	
106554400	20200701	257.88	0.00	257.88	257.88	88486-20	
106554400	20201001	259.44	0.00	259.44	259.44	88486-20	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CHATHAM GLEN HEALTHCARE & REHABILITATION CENTER 16605 SE 74th SOULLIERE AVE THE VILLAGES, FL 32162			Provider Number:	1 065544-00		
			Date:	10/09/2020 06/03/2021		
			Fiscal Year End:			
			Audit Status:	Unaudited		
Provider 1 Nursing H		le Level	Current <u>Rate</u> 254.42	Rate <u>Date</u>		
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Total Prospect	ive		
		Interim Component	Total Prospect	ive with Interim Component		
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semester Chang	e		
	Budget		X New Facility effective			
	Unaudited					
	Field audite					
	Desk audite	ed costs				
Dietributi	on:					
<u>Distribution:</u> Contract Management / Fiscal Agent		l Agent	Zainab Day Medicaid Cost Reimbursement Planning and Finance			
Permanent File			Medicaid Cost Reimbursemen	t Planning and Finance		
	Information Only	,	Zainab	2 ag		
	Change in Rate					
I	Home Office:	KR Management LLC				
1	zome omee.	200 Clearwater Largo RD S				
		Largo, FL 33770				
XXX306	Report Calo		Printed: 10/09/2020 ID:			



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CHATHAM GLEN HEALTHCARE & REHABILITATION CENTER 16605 SE 74th SOULLIERE AVE THE VILLAGES, FL 32162			Provider Number:		1 065544-00		
			Date:		10/09/2020		
			Fiscal Year End:	06/03/2021			
			Audit Status:		Unaudited		
Provider '	Type:						
	JI		Cui	rrent	New	Effective	
			<u>R</u>	<u>late</u>	Rate	<u>Date</u>	
Nursing H	Iome Sing	le Level	<u>25'</u>	7.88	<u>257.88</u>	<u>7/1/2020</u>	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Total Pros	spective			
		Interim Component	Total Pros	spective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:		Changes:				
			Rate Semester Cl	hange			
	Budget		X New Facility eff	•	04/2020		
	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distribut</u>	<u>ion:</u>		Zoin	ah Day			
Contract Management / Fiscal Agent			Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File					_	mance	
For	Information Only	y	Zain	nu i	dy		
	Change in Rate						
]	Home Office:	KR Management LLC					
		200 Clearwater Largo RD S					
		Largo, FL 33770					
XXX306	Report Cald		rinted: 10/09/2020 ID:				



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CHATHAM GLEN HEALTHCARE & REHABILITATION CENTER 16605 SE 74th SOULLIERE AVE THE VILLAGES, FL 32162			Provider Number:		1 065544-00		
			Date:	10/09/2020 06/03/2021			
			Fiscal Year End:				
			Audit Status:	Unaudited			
Provider 7	Гуре:						
			,	Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level			,	259.44	259.44	<u>10/1/2020</u>	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Total F	Prospective			
		Interim Component	Total P	Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semester	Change			
	Budget		X New Facility	effective 6	/04/2020		
	Unaudited	costs					
	Field audit						
	Desk audit	ted costs					
Distribution:			Zainab Day				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent File			Zai	nab Z	ay		
For	Information Onl	У	0				
No C	Change in Rate						
I	Home Office:	KR Management LLC					
		200 Clearwater Largo RD S					
		Largo, FL 33770					
XXX306	Report Cal	culated: 10/09/2020 8:00 AM Report P	rinted: 10/09/2020 ID:				